

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004756

1. Entity Name

SENIOR CITIZEN VILLAGE RESIDENT ASSOCIATION, INC

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90002 036 ****61.25

040010



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

801 W. 4TH STREET. # 1800
JACKSONVILLE FL 32209

801 W. 4TH STREET. # 1800
JACKSONVILLE FL 32209-6633

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3328969

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

COLEMAN, MICHELLE A.
801 W 4 ST #1800
JACKSONVILLE FL 32209

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME DM
STREET ADDRESS COLEMAN, MICHELLE A.
CITY-ST-ZIP 801 W 4 ST #1800
JACKSONVILLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME PT
STREET ADDRESS WILLIAMS, ANNIE
CITY-ST-ZIP 801 W. 4TH STREET, # 1602
JACKSONVILLE FL 32209

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VT
STREET ADDRESS GAINES, ALEASE
CITY-ST-ZIP 801 W. 4TH STREET, # 806
JACKSONVILLE FL 32209

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME ST
STREET ADDRESS PERRY, ELIZABETH
CITY-ST-ZIP 801 W. 4TH STREET, # 1104
JACKSONVILLE FL 32209

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME T
STREET ADDRESS KENNEDY, EMILY
CITY-ST-ZIP 801 W. 4TH STREET, # 1101
JACKSONVILLE FL 32209

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME S
STREET ADDRESS PERRY, ELIZABETH
CITY-ST-ZIP 801 W. 4TH STREET, #1104
JACKSONVILLE FL 32209

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michelle A. Coleman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02
Date

Daytime Phone #

CR20017 (9/99)