

2002 UNIFORM BUSINESS REPORT (UBR)

2/

FILED
Apr 01, 2002 8:00 am
Secretary of State

02-26-2002 90030 018 ****70.00

DOCUMENT # N97000001552

1. Entity Name

MERRILL LAKE RETIREMENT COMMUNITY, INC.

Principal Place of Business

Mailing Address

8300 MERRILL ROAD
 JACKSONVILLE FL 32277

8300 MERRILL ROAD
 JACKSONVILLE FL 32277

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3496280

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORCE, EVERETT E
8300 MERRILL ROAD
JACKSONVILLE FL 32277

7. Name and Address of New Registered Agent

Name **Roger Rathbun**

Street Address (P.O. Box Number is Not Acceptable)
8300 Merrill Road

City **Jacksonville**

FL

Zip Code
32277

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

Roger E Rathbun **Roger E Rathbun Secy/Tx**

2/6/02

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 **DP** ☒ Delete
 NAME **FORCE, EVERETT EUGENE**
 STREET ADDRESS **3630 E BUCKSKIN TR**
 CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Inman, Doris L.**
 STREET ADDRESS **9800 Touchton Rd. #317**
 CITY-ST-ZIP **Jacksonville, FL 32246**

TITLE **D** ☒ Delete
 NAME **BRYANT, JEANETTE**
 STREET ADDRESS **2311 ARDMORE CT**
 CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE **VPD** ☐ Change ☒ Addition
 NAME **Staton, Susan**
 STREET ADDRESS **4449 Fulton Rd.**
 CITY-ST-ZIP **Jacksonville, FL 32225**

TITLE **D** ☒ Delete
 NAME **INMAN, DORIS**
 STREET ADDRESS **2047 UNIVERSITY BLVD S**
 CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **TSP** ☐ Change ☒ Addition
 NAME **Rathbun, Roger**
 STREET ADDRESS **1211 Gorham St.**
 CITY-ST-ZIP **Jacksonville, FL 32226**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

DORIS L INMAN PRES
DORIS L INMAN PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-02 904/646-4330

Date

Daytime Phone #

CR2E037 (9/01)