

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001912

1. Entity Name

VETERANS RESIDENTIAL COMMUNITY, INC.

FILED

Sep 08, 2000 8:00 am  
Secretary of State

09-08-2000 90039 041 \*\*\*\*70.00

Principal Place of Business

Mailing Address

1898 BRECKENRIDGE BLVD  
MIDDLEBURG FL 32068

1898 BRECKENRIDGE BLVD  
MIDDLEBURG FL 32068-6730

2. Principal Place of Business

60 SOUTH COPELAND ST

3. Mailing Address

POB 551065

Suite, Apt. #, etc.

Suite, Apt. #, etc.

JACKSONVILLE

City & State

JACKSONVILLE FL

City & State

FL

4. FEI Number

59-3422994

Applied For

Not Applicable

Zip

32204

Country

DUVAL

Zip

32255-

Country

DUVAL

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

1065

7. Name and Address of New Registered Agent

Name

DR DEWEY E. PAINTER SR

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

7840 FAWN OAKS CT

City

JACKSONVILLE

FL

Zip Code

32256

GROW, BETTY

1898 BRECKENRIDGE BLVD  
MIDDLEBURG FL 32068

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

*Betty Grow*

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

TITLE PVD  
NAME GROW, BETTY  
STREET ADDRESS 1898 BRECKENRIDGE BLVD  
CITY-ST-ZIP MIDDLEBURG FL 32068 ☐ Delete

TITLE SD  
NAME WILLIAMS, CHARLOTTA  
STREET ADDRESS 1440 NORTH MYRTLE AVE  
CITY-ST-ZIP JACKSONVILLE FL 32209 ☒ Delete

TITLE TD  
NAME GLOVER, JOHN  
STREET ADDRESS 5353 ARLINGTON EXPWY APT 11-H  
CITY-ST-ZIP JACKSONVILLE FL 32211 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE PRESIDENT  
NAME DR DEWEY E. PAINTER SR  
STREET ADDRESS 7840 FAWN OAKS CT  
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Change ☒ Addition

TITLE TD  
NAME DR. FRED BOYETT  
STREET ADDRESS 60 SOUTH COPELAND ST  
CITY-ST-ZIP JACKSONVILLE FL 32204 ☐ Change ☒ Addition

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

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

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

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:

*Betty Grow*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)