

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90355 006 \*\*\*\*61.25

**DOCUMENT # N98000005332**

1. Entity Name

**TAYLOR EN RICHMENT CENTER, INC.**



Principal Place of Business

**230 LAKENN DRIVE  
WEST PALM BEACH FL 33409**

Mailing Address

**230 LAKENN DRIVE  
WEST PALM BEACH FL 33409**

2. Principal Place of Business

**230 LAKENN DR**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**WEST Palm Beach FLA**

Zip

**33409**

Country

**Palm Beach**

Zip

Country

4. FEI Number **65-0862774**

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BELL-TAYLOR, LULA M  
230 LAKENN DRIVE  
WEST PALM BEACH FL 33409**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Lula M. BELL-Taylor**  
Signature, typed or printed name of registered agent and title if applicable.

**Lula M. Bell-Taylor**  
(NOTE: Registered Agent signature required when instituting)

**4-25-03**  
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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
NAME **BELL-TAYLOR, LULA M**  
STREET ADDRESS **230 LAKEN DR.**  
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE **SD** ☐ Delete  
NAME **BELL-SPURILL, REGNIA D**  
STREET ADDRESS **5192 ABBY LN.**  
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE **TD** ☐ Delete  
NAME **SANDERS, LAVERNE**  
STREET ADDRESS **1032 PARK HILL AVE.**  
CITY-ST-ZIP **HAVER HILL FL 33407**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 **Lula M. Bell-Taylor**

**4-25-03 561-640-3020**

CR2E037 (10/02)