

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006499

1. Entity Name

CARE HAVEN SERVICE INC.

Principal Place of Business

8051 WAXWING AVENUE  
JACKSONVILLE FL 32219

Delete

Mailing Address

8051 WAXWING AVENUE  
JACKSONVILLE FL 32219-4614

2. Principal Place of Business

9885 Lem Turner Rd.

3. Mailing Address

Suite, Apt. #, etc.

Suite 1

City & State  
Jacksonville, Florida

City & State

Zip  
32208

Country  
Duval

Zip

Country

4. FEI Number

59-3543549

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, SUSIE E  
8051 WAXWING AVENUE  
JACKSONVILLE FL 32219

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.

SIGNATURE

*Susie E. Jones, President/Director*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-00

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 D ☐ Delete  
NAME JONES, SUSIE E  
STREET ADDRESS 5111 FOXBORO ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32208

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

TITLE VPD ☒ Delete  
NAME JONES, PATRICK R  
STREET ADDRESS 6751 TINKERBELL LANE  
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE Vice-President ☐ Change ☒ Addition  
NAME Ruth Robinson  
STREET ADDRESS 5947 Finch Ave.  
CITY-ST-ZIP Jacksonville, Florida 32219

TITLE STD ☒ Delete  
NAME THOMAS, CARL L  
STREET ADDRESS 8132 WAXWING AVENUE  
CITY-ST-ZIP JACKSONVILLE FL 32219

TITLE Secretary/Treasury ☐ Change ☐ Addition  
NAME Carol Monroe  
STREET ADDRESS 385 Pertshire Dr.  
CITY-ST-ZIP Orange Park, Florida 32073

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Board Member ☐ Change ☒ Addition  
NAME Erta Livingston  
STREET ADDRESS 995 Billyville Rd.  
CITY-ST-ZIP Woodbine, Georgia 31569

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  
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:

*Susie E. Jones, President/Director*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-23-00

Daytime Phone #

(904) 764-0206

CR2E037 (9/99)