

2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # N99000006119

1. Entity Name

SENIOR JOB BANK, A NON-PROFIT REFERRAL SERVICE.

R

FILED
Jul 11, 2000 8:00 am
Secretary of State

05-24-2000 90185 028 ****61.25

Principal Place of Business

Mailing Address

733C RIVER ROAD
MACCLENNEY FL 32063

733C RIVER ROAD
MACCLENNEY FL 32063

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

☒ 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

SUMMERS, VAN ERIC
733C RIVER ROAD
MACCLENNEY FL 32063

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

**FILE NOW
FEES \$61.25**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME Eric Summers DIRECTOR ☐ Delete

STREET ADDRESS 733C River Rd.
CITY-ST-ZIP Maccleenny, FL 32063

TITLE NAME DIRECTOR ☐ Delete

STREET ADDRESS BAIRD SEYMOUR
CITY-ST-ZIP 1435 LAWRENCE PLACE JACKSONVILLE FL 32211

TITLE NAME DIRECTOR ☐ Delete

STREET ADDRESS J.C. WILLIAMS
CITY-ST-ZIP 627 8th AVE NORTH JACKSONVILLE BEACH, FL 32250

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)