

9/12/01-90029-021-\$70.00-\$70.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006671

1. Entity Name

COMMUNITIES RECEIVING SUPPORT, INC.

Principal Place of Business

3501 TOWNSEND BLVD., STE. 248
JACKSONVILLE FL 32277

Mailing Address

P.O. BOX 8034
JACKSONVILLE FL 32239

2. Principal Place of Business

768 ACOSTA ST
Suite, Apt. #, etc.

3. Mailing Address

PO Box 8034
Suite, Apt. #, etc.

City & State

Jacksonville, FL
Zip 32204 Country DUVAL

City & State

Jacksonville, FL
Zip 32239 Country DUVAL

4. FEI Number

59-3619416

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRUZ, CHERYL

3501 TOWNSEND BLVD., STE. 248
JACKSONVILLE FL 32277

Name

Cheryl Cruz

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

768 ACOSTA BLVD

City

JACKSONVILLE

FL

Zip Code

32204

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

Cheryl Cruz

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Sept 8, 2001

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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 PD
NAME ROBINSON, SHARON D
STREET ADDRESS 421 CHURCH ST
CITY-ST-ZIP JACKSONVILLE FL 32202 ☐ Delete

TITLE VPD
NAME WARE, WALTER
STREET ADDRESS 1658 N KINGS RD
CITY-ST-ZIP JACKSONVILLE FL 32209 ☒ Delete

TITLE TSD
NAME DELIFUS, JONATHAN
STREET ADDRESS 3501 TOWNSEND BLVD #248
CITY-ST-ZIP JACKSONVILLE FL 32217 ☒ 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
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPRES.
NAME VINCENT JACKSON
STREET ADDRESS 3939 ROOSEVELT BLVD
CITY-ST-ZIP JACKSONVILLE, FL 32205 ☒ Change ☒ Addition

TITLE VPRES.
NAME WALTER WARE
STREET ADDRESS 1658 N KINGS RD
CITY-ST-ZIP JACKSONVILLE, FL 32209 ☒ 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:

Cheryl Cruz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept. 8, 2001 (904) 399-2201

Date

Daytime Phone

01 SEP 25 PM 12:39

00000029

DO NOT WRITE IN THIS SPACE

CR2037 (5/01)