

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000063482**1. Entity Name
CORNERSTONE OF NORTH FLORIDA, INC.Principal Place of Business
3936 PAUL S BUCHMAN HWY
ZEPHYRHILLS FL 33540
Mailing Address
3936 PAUL S BUCHMAN HWY
ZEPHYRHILLS FL 335402. Principal Place of Business
3936 PAUL S. BUCHMAN HWY
3. Mailing Address
3936 PAUL S. BUCHMAN HWYSuite, Apt. #, etc.
Suite, Apt. #, etc.City & State
ZEPHYRHILLS FL
City & State
ZEPHYRHILLS FLZip
33540
Country
US
Zip
33540
Country
US4. FEI Number
59-3462434
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentHUBBARD MARY JANE
3936 PAUL S BUCHMAN HWY
ZEPHYRHILLS FL 33540
US**7. Name and Address of New Registered Agent**Name
HUBBARD MARY JANE
Street Address (P.O. Box Number is Not Acceptable)
3936 PAUL S. BUCHMAN HWY
City
ZEPHYRHILLS FL Zip Code
33540

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 _____ **05/01/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE
NAME V ANTHONY C ☐ Delete
STREET ADDRESS
103 FOXWOOD DR
CITY-ST-ZIP BRANDON FL 33510TITLE
NAME V WINSBORO K ☐ Delete
STREET ADDRESS
12217 JEFFERY LN
CITY-ST-ZIP DADE CITY FL 33528TITLE
NAME VST HUBBARD C. DOUGLAS ☐ Delete
STREET ADDRESS
6449 COUNTRY CLUB RD.
CITY-ST-ZIP WESLEY CHAPEL FL 33544TITLE
NAME DP HUBBARD MARY J ☐ Delete
STREET ADDRESS
6449 COUNTRY CLUB RD.
CITY-ST-ZIP WESLEY CHAPEL FL 33544TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME VS ANTHONY CARL ☒ Change ☐ Addition
STREET ADDRESS
103 FOXWOOD DR
CITY-ST-ZIP BRANDON FL 33510TITLE
NAME VS WINSBORO KEN ☒ Change ☐ Addition
STREET ADDRESS
12217 JEFFERY LN
CITY-ST-ZIP DADE CITY FL 33528TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY JANE HUBBARD

P

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)