

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005081

1. Entity Name

LIFESTYLE HOMES OF JACKSONVILLE, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90377 025 ***150.00

Principal Place of Business

11515 KELVYN GROVE PLACE
JACKSONVILLE FL 32225

Mailing Address

11515 KELVYN GROVE PLACE
JACKSONVILLE FL 32225-1081

2. Principal Place of Business

12873 Jupiter Hills CR. N.
Suite, Apt. #, etc.

3. Mailing Address

12873 Jupiter Hills CR. N.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

59-3553150

Applied For

Not Applicable

Zip

32225

Country

USA

Zip

32225

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HACKER, VICTOR N
11515 KELVYN GROVE PLACE
JACKSONVILLE FL 32225

Name

HACKER, VICTOR N.

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

12873 JUPITER HILLS CR. NORTH

City

JACKSONVILLE

FL

Zip Code

32225

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

Victor N. Hacker

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS HACKER, VICTOR N
CITY-ST-ZIP 11515 KELVYN GROVE PLACE
JACKSONVILLE FL 32225

TITLE ☒ Change ☐ Addition
NAME HACKER, VICTOR N
STREET ADDRESS 12873 JUPITER HILLS CR. N.
CITY-ST-ZIP JACKSONVILLE FLORIDA 32225

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
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

Victor N. Hacker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2000 904-641-5872
Date Daytime Phone #

CR2E034 (9/99)