

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90103 019 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

**DOCUMENT #** S81517  
**1. Entity Name** MADGE'S MANOR, INC.

**Principal Place of Business** 1851 HUBBARD STREET  
JACKSONVILLE, FLORIDA 32206  
**Mailing Address** POST OFFICE BOX 3966  
JACKSONVILLE, FL 32206

**2. Principal Place of Business** SAME AS ABOVE  
Suite, Apt. #, etc.  
**3. Mailing Address** SAME AS ABOVE  
Suite, Apt. #, etc.

**City & State**  
**Zip** **Country**

**4. FEI Number** 59-3082813  
**Applied For** ☐ **Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

ANNIE EZELL  
1321 LAURA STREET  
JACKSONVILLE, FL. 32206

**7. Name and Address of New Registered Agent**

**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** *Annie Ezell, Annie Ezell, Secy & Treas.* 05-15-2000  
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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MADGE L BROWARD	5077 CAPE ELIZABETH COURT WEST	JACKSONVILLE, FL 32277	<input type="checkbox"/>
S/T	TREASURER	ANNIE EZELL	30 WEST 4th STREET	<input type="checkbox"/>
		JACKSONVILLE, FL	32206	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**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** *Annie Ezell, Annie Ezell* 05-15-2000 (904) 354-2760  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #