

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90013 040 ****70.00

DOCUMENT # 716013

1. Entity Name

WORK ORIENTED REHABILITATION CENTER, INC.

Principal Place of Business

1100 JIMMY ANN DR
 DAYTONA BCH FL 32117
 US

Mailing Address

PO BOX 927
 DAYTONA BCH FL 32115-0927
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

1100 JIMMY ANN DRIVE

Suite, Apt. #, etc.

Daytona Beach FL

32117 US



DO NOT WRITE IN THIS SPACE

4. FEI Number

23-7026771

Applied For

Not Applicable

5- Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSS, RANDY R.
 1100 JIMMY ANN DR
 DAYTONA BCH FL 32117

7. Name and Address of New Registered Agent

Name **IRA D. CorLiss**

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

1100 JIMMY ANN DR.

City **Daytona Beach** **FL** Zip Code **32117**

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

Ira D. CorLiss

Ira D. CorLiss

Executive Director

04-12-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

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	<input checked="" type="checkbox"/> Delete
NAME	COLLINS, ANN	
STREET ADDRESS	4000 OLD DIXIE HWY	
CITY-ST-ZIP	ORMOND BCH FL 32174	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, CAROL	
STREET ADDRESS	608 JOHN ANDERSON DR	
CITY-ST-ZIP	ORMOND BCH FL 32176	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	OLSEN, HARRY	
STREET ADDRESS	1005 N KEDLER RD	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	FLAVIO, CHARLES	
STREET ADDRESS	ONE WINDING CREEK RD	
CITY-ST-ZIP	ORMOND BCH M 32174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Flavio	
STREET ADDRESS	one winding creek way	
CITY-ST-ZIP	ORMOND Beach FL 32174	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Glenn Barber	
STREET ADDRESS	967 Belleflower DRIVE	
CITY-ST-ZIP	Port Orange FL 32127	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Knaebel	
STREET ADDRESS	10 Soco Trail	
CITY-ST-ZIP	ORMOND Beach FL 32174	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERLE HARRIS	
STREET ADDRESS	7 Appaloosa Trail	
CITY-ST-ZIP	ORMOND Beach FL 32174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 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:

Glenn Barber
Glenn Barber

4/12/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)