

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90249 043 \*\*\*\*61.25

0017 4

**DOCUMENT # 743967**

1. Entity Name

**WALTON COUNTY CONVALESCENT CENTER, INC.**

Principal Place of Business

WALTON COUNTY COURTHOUSE  
 785 S. 2ND STREET  
 DEFUNIAK SPRINGS FL 32433  
 US

Mailing Address

WALTON COUNTY COURTHOUSE  
 765 S. 2ND STREET  
 DEFUNIAK SPRINGS FL 32433  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**95-2301514**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GEORGE RALPH MILLER, ESQ.**  
**105 E NELSON AVE**  
**P.O. BOX 687**  
**DEFUNIAK SPRINGS FL 32433**

Name

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

City

**326**

**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

Signature typed or printed name 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WALKER, HERMAN</b>	
STREET ADDRESS	<b>571 HWY 90 E.</b>	
CITY-ST-ZIP	<b>DEFUNIAK SPRINGS FL 32433</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PAUL, JOEL JR.</b>	
STREET ADDRESS	<b>571 HWY 90 E.</b>	
CITY-ST-ZIP	<b>DEFUNIAK SPRING FL 32433</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VAN NESS, BUTLER</b>	
STREET ADDRESS	<b>571 HWY 90 E.</b>	
CITY-ST-ZIP	<b>DEFUNIAK SPRING FL 32433</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RYAN, GENE</b>	
STREET ADDRESS	<b>571 US HWY 90 E.</b>	
CITY-ST-ZIP	<b>DEFUNIAK SPRINGS FL 32433</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>INFINGER, RANDALL</b>	
STREET ADDRESS	<b>571 HWY 90 E.</b>	
CITY-ST-ZIP	<b>DEFUNIAK SPRINGS FL 32433</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)