

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005853

1. Entity Name

LIFE CARE ST. JOHNS, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90064 039 ****70.00

Principal Place of Business

1000 VICAR'S LANDING WAY
PONTE VEDRA BEACH FL 32082

Mailing Address

1000 VICAR'S LANDING WAY
PONTE VEDRA BEACH FL 32082-3127

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 **59-3474627**

Applied For

Not Applicable

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

JOHNSON, RAYMOND M
1000 VICAR'S LANDING WAY
PONTE VEDRA BEACH FL 32082

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

Raymond M Johnson **Raymond M Johnson**

3 Jan 2000

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Delete
NAME	COOPER, JAMES H	
STREET ADDRESS	1000 VICAR'S LANDING WAY	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, RAYMOND M	
STREET ADDRESS	1000 VICAR'S LANDING WAY	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	P	<input type="checkbox"/> Delete
NAME	TAYLOR, JOSEPH S	
STREET ADDRESS	1000 VICAR'S LANDING WAY	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GORAB, ROBERT	
STREET ADDRESS	555 LAKE RD	
CITY-ST-ZIP	PONTE VERDE FL 32082	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JOHNSON, DALLAS	
STREET ADDRESS	71 FISHERMAN COVE RD	
CITY-ST-ZIP	PONTE VERDE FL 32082	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BODE, SUSAN	
STREET ADDRESS	52 TROON TRACE	
CITY-ST-ZIP	PONTE VERDE FL	

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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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:

Raymond M Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond M Johnson **3 Jan 2000** **904-273-1701**
Daytime Phone #

CR2E037 (9/99)