

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90006 015 ***150.00

DOCUMENT # P99000056294

1. Entity Name

SUPERIOR REHABILITATION SERVICES OF LAKE CITY, I

Principal Place of Business

Mailing Address

113 NORTH MARION STREET
 LAKE CITY FL 32055

413 NORTH MARION STREET
 LAKE CITY FL 32055-2845

2. Principal Place of Business

305 SW 7th Terrace

Suite, Apt. #, etc.

3. Mailing Address

305 SW 7th Terrace

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32601

Country

USA

City & State

Gainesville, FL

Zip

32601

Country

USA

4. FEI Number

59-3584261

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ZSCHAECK, MELINDA D
2609 LANVALE STREET
LAKE CITY FL 32055

7. Name and Address of New Registered Agent

Name **Melinda Zschaeck**

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

1505 Ft. Clarke Blvd.

Apt. 3-306

City **Gainesville**

FL

Zip Code

32606

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

Melinda Zschaeck

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

(NOTE: Registered Agent signature required when reinstating)

04/17/00

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. **President** OFFICERS AND DIRECTORS

TITLE **MELINDA D. ZSCHAECK** ☐ Delete
 NAME
 STREET ADDRESS **2609 LANVALE ST**
 CITY-ST-ZIP **LAKE CITY FL 32055**
Gainesville FL 32601

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Melinda Zschaeck

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/00

DATE

Daytime Phone #

(352) 375-5155
(404) 719-8999

CR2E034 (9/99)