

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State
 04-20-2000 90104 008 ***150.00

DOCUMENT # 347304

1. Entity Name

SANTA ROSA CONVALESCENT HOME, INCORPORATED

Principal Place of Business

500 BROAD STREET
 MILTON FL 32570

Mailing Address

500 BROAD STREET
 MILTON FL 32570-4923

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1313375

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GIBSON, PASCO
 500 BROAD STREET
 MILTON FL 32570**

Name
Edmond M. Fortune

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

4971 Chumuckla Highway

Pace, Florida 32571

City

FL

32571

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

Edmond M. Fortune

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-14-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **FORTUNE, EDMOND**
 STREET ADDRESS **839 CHUMUCKLA HWY**
 CITY-ST-ZIP **PACE, FL 32571**

TITLE **D** ☐ Change ☐ Addition
 NAME **FORTUNE, TERRY L.**
 STREET ADDRESS **4960 Forest Creek**
 CITY-ST-ZIP **Pace, FL 32571**

TITLE **VDX** ☒ Delete
 NAME **GIBSON, MARY SUE**
 STREET ADDRESS **SIMPSON STREET**
 CITY-ST-ZIP **BAGDAD FL**

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

TITLE **STD** ☐ Delete
 NAME **FORTUNE, RUTHIE**
 STREET ADDRESS **839 CHUMUCKLA HWY**
 CITY-ST-ZIP **PACE, FL 32571**

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

TITLE **D** ☒ Delete
 NAME **GIBSON, PASCO**
 STREET ADDRESS **SIMPSON STREET**
 CITY-ST-ZIP **BAGDAD FL**

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

TITLE **D** ☒ Delete
 NAME **FORTUNE, RUTHIE**
 STREET ADDRESS **839 CHUMUCKLA HWY**
 CITY-ST-ZIP **PACE, FL 32571**

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

TITLE **D** ☐ Delete
 NAME **NORTHCUTT, FELICIA**
 STREET ADDRESS **5449 Rowe Trail**
 CITY-ST-ZIP **Pace, FL 32571**

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:

Edmond M. Fortune

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-00

CR 1 (12/1/99)