

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 416783

1. Entity Name

PCHR, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90452 004 \*\*\*150.00

Principal Place of Business <b>EXECUTIVE OFFICE 1 CORPORATE DRIVE PALM COAST FL 32051</b>	Mailing Address <b>EXECUTIVE OFFICE 1 CORPORATE DRIVE PALM COAST FL 32137-4716</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-1878144	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARDNER, JAMES E	NAME	KELLY, JOHN V.
STREET ADDRESS	1 CORPORATE DR	STREET ADDRESS	1 CORPORATE DR.
CITY-ST-ZIP	PALM COAST FL 32151	CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEMIS, RONALD T	NAME	GARD, VICTORIA P.
STREET ADDRESS	1 CORPORATE DR.	STREET ADDRESS	1 CORPORATE, DR.
CITY-ST-ZIP	PALM COAST FL 32151	CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	VTD <input type="checkbox"/> Delete	TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALLEA, CHARLES J	NAME	WILSON, ARLENE
STREET ADDRESS	1 CORPORATE DR	STREET ADDRESS	1 CORPORATE DR.
CITY-ST-ZIP	PALM COAST FL 32151	CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	S <input type="checkbox"/> Delete	TITLE	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUFF, ROBERT G.	NAME	CUFF, ROBERT G.
STREET ADDRESS	EXECUTIVE OFFICE, 1 CORPORATE DRIVE	STREET ADDRESS	1 CORPORATE DR.
CITY-ST-ZIP	PALM COAST FL	CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATTEN, GEORGE J.	NAME	
STREET ADDRESS	1 CORPORATE DR	STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32151	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES E. GARDNER

4/27/00

904 445 2642

Daytime Phone #

CR2E034 (9/99)