

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703859

1. Entity Name

SPEECH AND HEARING CENTER INC

Principal Place of Business

1128 LAURA STREET
JACKSONVILLE FL 32206-4912

Mailing Address

1128 LAURA STREET
JACKSONVILLE FLA 32206-4912

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

59-0970718

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

~~WATTS, ROBERT W~~
1128 LAURA ST
JACKSONVILLE FL 32206

Name ROY FOUTS

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

1128 LAURA ST.

City JACKSONVILLE

FL

Zip Code

32206

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

ROY FOUTS, Executive Director

1-5-00

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 PD ☒ Delete
NAME MACKOUL, JERRY
STREET ADDRESS 3425 MAIN ST.
CITY-ST-ZIP JACKSONVILLE FL 32206

TITLE PD ☐ Change ☒ Addition
NAME RHONDA FERGUSON
STREET ADDRESS 126 W. ADAMS ST, SUITE 505
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE VPD ☒ Delete
NAME MURRAY, VIC
STREET ADDRESS 10605 ARNEZ RD.
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE VPD ☐ Change ☒ Addition
NAME THOMAS A. DELEON, III
STREET ADDRESS 424 EAST MONROE ST.
CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE SD ☒ Delete
NAME BURROUGHS, LEN
STREET ADDRESS 932 INGLESIDE AVE.
CITY-ST-ZIP JACKSONVILLE FL

TITLE SD ☐ Change ☒ Addition
NAME JOHANNET COWAN
STREET ADDRESS 9428 BAYM EAGLES ROAD SUITE 111
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE TD ☐ Delete
NAME WRIGHT, EDYTHE H
STREET ADDRESS 48 SAILFISH DRIVE
CITY-ST-ZIP PONTE VEDRA BCH FL 32082

TITLE D ☐ Change ☒ Addition
NAME MIKE MONTY
STREET ADDRESS 13897 ENTERPRISE INTERCOSTAL SOUND DR.
CITY-ST-ZIP JACKSONVILLE, FL 32244

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

1-5-00

904.355.3403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)