

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90097 020 ****61.25

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 FL 32206-4912**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0970718**

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

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

Name **ROY FOLTS**

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

1128 N. 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 FOLTS, CEO

01-04-01

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 NAME STREET ADDRESS CITY-ST-ZIP	PD FERGUZONA, RHONDA 126 WEST ADAMS ST JACKSONVILLE FL 32202	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DELEGAR, THOMAS 424 EAST MONROE ST JACKSONVILLE FL 32202	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COW, JOHNNY 942 BAYMEADOWN RD JACKSONVILLE FL 32256	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOUNTY, MIKE 13897 INTERCOSTAL DR JACKSONVILLE FL 32244	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERGUSON, RHONDA 126 W. ADAMS ST. JACKSONVILLE, FL 32202	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COWANT, JOHNNY 7563 PHILLIPS HWY JACKSONVILLE, FL 32256	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOUNIB, HARRY P.O. BOX 56583 JACKSONVILLE, FL 32241	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-01 904-355-3403

Date

Daytime Phone #

CR2E037 (10/00)