

# 2002 UNIFORM BUSINESS REPORT (UBR)

1/2

**FILED**  
**Mar 10, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90100 017 \*\*\*\*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

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

**FOUTS, ROY  
 1128 LAURA ST  
 JACKSONVILLE FL 32206**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**01-07-02**

**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	<input checked="" type="checkbox"/> Delete
NAME	FERGUSON, RHONDA	
STREET ADDRESS	128 WEST ADAMS ST	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	COWART, JOHNNY	
STREET ADDRESS	7563 PHILLIPS HWY	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOUNIB, HARRY	
STREET ADDRESS	PO BOX 56583	
CITY-ST-ZIP	JACKSONVILLE FL 32241	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOUNTY, MIKE	
STREET ADDRESS	13897 INTERCOSTAL DR	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	<del>VPD</del>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VIBE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLINK BOTANY	
STREET ADDRESS	11405 LINKSIDE COURT	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32223	
TITLE	SEC/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TEARRI ADSTEN-TAYLOR	
STREET ADDRESS	12985 CUNT DRIVE	
CITY-ST-ZIP	JAX, FL 32223	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01-07-02**

Date

Daytime Phone #

**904.355-3403**

CR2E037(9/01)