

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713392

1. Entity Name

OKEECHOBEE REHABILITATION FACILITY, INC.

Principal Place of Business

403 NW 2ND AVENUE  
OKEECHOBEE FL 34972

Mailing Address

403 NW 2ND AVENUE  
OKEECHOBEE FL 34972-2532

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1199393

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BAILEY, VERNA  
600 SW 11TH AVE.  
OKEECHOBEE FL 34974

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ April 27, 2000

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

TITLE DP  
NAME BAILEY, VERNA  
STREET ADDRESS 600 SW 11TH AVE.  
CITY-ST-ZIP OKEECHOBEE FL ☐ Delete

TITLE DVP  
NAME HARDEN, MONICA  
STREET ADDRESS P.O. BOX 486 (N/A)  
CITY-ST-ZIP OKEECHOBEE FL ☐ Delete

TITLE D  
NAME PRITCHARD, MICHELLE  
STREET ADDRESS 10 NW 138 ST.  
CITY-ST-ZIP OKEECHOBEE FL 34972 ☒ Delete

TITLE D  
NAME COLLINS, SELINA J  
STREET ADDRESS 916 NW 4TH ST  
CITY-ST-ZIP OKEECHOBEE FL 34974 ☐ Delete

TITLE DS  
NAME ANDERSON, WAYNE  
STREET ADDRESS 2054 SW 3RD ST  
CITY-ST-ZIP OKEECHOBEE FL 34974 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME MURPHY, TOM  
STREET ADDRESS 13371 NE 18th AVE  
CITY-ST-ZIP OKEECHOBEE, FL 34972 ☐ Change ☒ Addition

TITLE  
NAME BARNHART, JIM  
STREET ADDRESS 1244 SW 19th TERR  
CITY-ST-ZIP OKEECHOBEE FL 34974 ☐ 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

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:

VERNA BAILEY, CHAIRMAN OF BOARD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 863-763-2419

Date

Daytime Phone #

CR2E037 (9/99)