

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90024 020 ****70.00

DOCUMENT # 713689

1. Entity Name

PALM BEACH HABILITATION CENTER, INC.

Principal Place of Business

Mailing Address

4522 SOUTH CONGRESS AVENUE
 4522 CONGRESS AVE.
 LAKE WORTH FL 33461

4522 SOUTH CONGRESS AVENUE
 4522 CONGRESS AVE.
 LAKE WORTH FL 33461

A0009631



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6213381

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

WOLFF, BABBETTE
2500 S OCEAN BLVD #3-3C
PALM BCH FL 33480

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 _____

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	S	<input type="checkbox"/> Delete
NAME	WILLIAMS, JOHNNY	
STREET ADDRESS	1525 6TH STR	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	WOLFF, BABBETTE	
STREET ADDRESS	2500 S. OCEAN BLVD. #3-3C	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	MILLER, BEVERLEE	
STREET ADDRESS	9125 DUNDEE DRIVE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FLAMM, ERIC ALEC	
STREET ADDRESS	2000 S. OCEAN BLVD. #305N	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	VD	<input type="checkbox"/> Delete
NAME	OBST, HAL	
STREET ADDRESS	7512 W LAKE DR	
CITY-ST-ZIP	LK CLARKE SHORES FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	PHILIPS, TINA	
STREET ADDRESS	323 LIVE OAK LANE	
CITY-ST-ZIP	BOYNTON BCH FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 **PHILIPS**

1/10/01 (561) 965-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)