

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738765

1. Entity Name

THE SPEECH AND HEARING CENTER OF FORT WALTON BEA

Principal Place of Business

Mailing Address

220 EGLIN PKWY., S.E. #6
FT. WALTON BCH FL 32548

220 EGLIN PKWY., S.E. #6
FT. WALTON BCH FL 32548-5871

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

59-1318543

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

GRIMSLEY, JAMES W.
25 WALTER MARTIN DRIVE
FT. WALTON BCH FL 32548

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

Lori K. Hawley - Executive Director

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

(NOTE: Registered Agent signature required when reinstating)

04/15/00

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 BATTLE, GLORIA
STREET ADDRESS 2392 PLACID DRIVE
CITY-ST-ZIP FT WALTON BEACH FL

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

TITLE V ☐ Delete
NAME REEDER, LARRY
STREET ADDRESS 54 BEAL PARYWAY NW.
CITY-ST-ZIP FT WALTON BCH. FL 00000

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

TITLE T ☐ Delete
NAME JAY, STEVE
STREET ADDRESS 1234 AIRPORT RD
CITY-ST-ZIP DESTIN FL

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

TITLE D ☐ Delete
NAME HAWLEY, LORI K
STREET ADDRESS 220 ELGIN WAY SE STE 6
CITY-ST-ZIP FT WALTON BCH FL

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

TITLE S ☒ Delete
NAME VAN BERGEN, JEAN
STREET ADDRESS 2809 BEN HOGAN CT
CITY-ST-ZIP SHALIMAR FL

TITLE ☐ Change ☒ Addition
NAME Suzanne Tyner
STREET ADDRESS 116 Deville Drive
CITY-ST-ZIP Mary Esther, FL 32569

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:

Lori K. Hawley - Executive Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/00

Date

850 243-8741

Daytime Phone #

CR2E037 (9/99)