

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2000 8:00 am**  
**Secretary of State**

05-07-2000 90028 013 \*\*\*\*61.25

**DOCUMENT # 742949**

1. Entity Name

**SUSANNA WESLEY HEALTH CENTER, INC.**

Principal Place of Business

5300 WEST 16TH AVENUE  
 HIALEAH FL 33012  
 US

Mailing Address

5300 WEST 16TH AVENUE  
 HIALEAH FL 33012-2104  
 US

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

**59-1837338**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JACOBS, WILLIAM N**  
**10615 S W 96TH TERRACE**  
**MIAMI FL 33176**

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

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>TABB, ANNE</b> <b>9850 BAHAMA DRIVE</b> <b>MIAMI FL 33189</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FEATHERS, GARY</b> <b>9920 COLONIAL DRIVE</b> <b>MIAMI FL 33157</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>EVE, CHRISTINA M</b> <b>586 NW 48 ST</b> <b>MIAMI FL 33127-2747</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>TWITCHELL, ALMA</b> <b>971 N E 115TH STREET</b> <b>MIAMI FL 33161</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>JACOBS, WILLIAM</b> <b>10615 SW 96TH TERR</b> <b>MIAMI FL 33176</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KATSANIS, THOMAS A.</b> <b>5300 W 16TH AVE, APT#111</b> <b>HIALEAH FL 33012</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D</b> <b>JARRETT, GERTRUDE</b> <b>17037 N.W. 66 CT. HIALEAH, FL 3301</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>JACOBS, WILLIAM</b> <b>10615 S.W. 96TH TERR.</b> <b>MIAMI, FL 33176</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>REV. SMITH, FRANK VP/D</b> <b>2850 S.W. 27 AVENUE</b> <b>MIAMI, FL 33133</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VAN WYCK, GEORGE</b> <b>8455 SW 44 ST</b> <b>MIAMI, FL 33155</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ANDERSON, BILLY VP/D</b> <b>861 E. 34 ST.</b> <b>HIALEAH, FL 33013</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BROCK, JAMES E.</b> <b>250 CATALONIA AVENUE</b> <b>SUITE 403 CORAL GABLES FL 33134</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.01, Florida Statutes, 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**  
**William Jacobs**

**4/24/00**

Date

**(305) 379-9163**

Daytime Phone #