

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744428

1. Entity Name

GRACEVILLE AREA CONVALESCENT CENTER, INC.

FILED

May 10, 2001 8:00 am  
Secretary of State

05-10-2001 90183 049 \*\*\*\*61.25

0016111

Principal Place of Business	Mailing Address
SPIRES, WILLIE E. 2864 MADISON ST MARIANNA FL 32448 US	C/O BROOKWOOD-JACKSON CCC BAY POINT BOX 27790 PANAMA CITY BCH FL 32411 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
58-1053272	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

JACKSON COUNTY BOARD OF COMMISSIONERS  
2864 MADISON STREET  
MARIANNA FL 32446

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
CCD	LOCKEY, CHUCK
4506 PUTNAM STREET	MARIANNA FL 32446
CCD	TYUS, TED
2864 MADISON ST	MARIANNA FL 32446
CCD	GLASS, HOWARD
2864 MADISON ST	MARIANNA FL 32448
CCD	PITTMAN, MILTON
6386 LOVEDALE RD	BASCOM FL
CCD	SPIRES, WILLIE E.
4818 EBONY COURT	MARIANNA FL 32446
CA	TAYLOR, WENDELL
2864 MADISON ST	MARIANNA FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
Change	Addition
Change	Addition
Change	Addition
Change	Addition
Change	Addition
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: Milton Pittman 4/24/01 850-482-9633  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)