

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # H50185**

1. Entity Name

HEARTLAND REHABILITATION SERVICES OF NORTH FLORI**FILED**
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90064 039 ***150.00

Principal Place of Business

Mailing Address

**1414 KINGSLEY AVENUE, SUITE B
ORANGE PARK FL 32073****ONE SEAGATE
ATTN: TAX-21
TOLEDO OH 43604-1558
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2504386**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

**CT, CORPORATION S
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CPCE
ORMOND, PAUL A
ONE SEAGATE
TOLEDO OH** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEVP
WEIKEL, GEOFFREY G
ONE SEAGATE
TOLEDO OH** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
BIXLER, JEFFREY R
ONE SEAGATE
TOLEDO OH** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
KINSCHNER, WILLIAM H
ONE SEAGATE
TOLEDO OH** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
LAZARUS, BARRY A
ONE SEAGATE
TOLEDO OH** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #