

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90123 001 *1,100.00

DOCUMENT # J75261

1. Entity Name
GULF PINES HOSPITAL, INC.

Principal Place of Business

**2775 GARRISON AVE
 PORT ST. JOE FL 32456
 US**

Mailing Address

**P. O. BOX 70 N/A
 PORT ST. JOE FL 32456
 US**

2. Principal Place of Business

**102 20th Street
 Suite, Apt. #, etc.
 Port St. Joe, FL**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

32456 USA

4. FEI Number **59-2811527**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STEELEY, HUBERT E.
 2775 GARRISON AVE
 PORT ST. JOE FL 32456**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**102 20th Street
 Port St Joe FL**

FL

Zip Code

32456

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **PD** ☐ Delete
 NAME **STEELEY, HUBERT E.**
 STREET ADDRESS **2775 GARRISON AVE**
 CITY-ST-ZIP **PORT ST. JOE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **102 20th Street**
 CITY-ST-ZIP **Port St Joe, FL 32456**

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED
 SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-13-01
 Date

850-227-1121
 Daytime Phone #

CFR2E034 (5/01)