

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N000000000031

1. Entity Name

THE BETHLEHEM HOUSE, INC. OF JACKSONVILLE BEACH

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90227 024 ****61.25

Principal Place of Business

Mailing Address

1423 NORTH 8TH AVE.
JACKSONVILLE, FL 32250
Beach

1423 NORTH 8TH AVE.
JACKSONVILLE, FL 32250
Beach

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

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

7. Name and Address of New Registered Agent

BUCHHEIMER, JOHN R
~~1359 PALM CIRCLE NORTH~~
JACKSONVILLE FL 32250

*1423 NORTH 8TH AVE
JACKSONVILLE BEACH, FL
32250*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D BUCHHEIMER, JOHN R REV.
STREET ADDRESS ~~1359 PALM CIRCLE NORTH~~ *209 TALLWOOD ROAD*
CITY-ST-ZIP JACKSONVILLE FL 32250

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

TITLE ☐ Delete
NAME D HUNAVY
STREET ADDRESS HUNAVY, MARY JO
CITY-ST-ZIP 108 SEA GRAPE DR.
JACKSONVILLE BEACH FL 32250

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

TITLE ☐ Delete
NAME D
STREET ADDRESS JACOBS, BARBARA M
CITY-ST-ZIP 5126 OTTER CREEK DR.
PONTE VEDRA BEACH FL 32082

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

MARY JO HUNAVY *2-8-00* *904-249-5418*