

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

01-29-2001 90076 034 ****61.25

DOCUMENT # N00000000443

1. Entity Name

HEALING HANDS REHABILITATION RANCH INC.

Principal Place of Business

4025 FAIRFAX ST.
JACKSONVILLE FL 32209

Mailing Address

4025 FAIRFAX ST.
JACKSONVILLE FL 32209

2. Principal Place of Business

4305 SPRINGFIELD ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville Florida

City & State

4. FEI Number

593617450

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HILTON, ROGENIA S
4025 FAIRFAX ST.
JACKSONVILLE FL 32209

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 renewing)

DATE

FILE NOW:
FEE IS \$61.259. 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	HILTON, ROGENIA S.D.	<input type="checkbox"/> Delete
NAME	4025 FAIRFAX STREET	
STREET ADDRESS	JACKSONVILLE FL 32209	
CITY-ST-ZIP		

TITLE	RHIM HT D	<input type="checkbox"/> Delete
NAME	2968 BREVG DRIVE	
STREET ADDRESS	JACKSONVILLE FL 32209	
CITY-ST-ZIP		

TITLE	THOMAS TINY D	<input type="checkbox"/> Delete
NAME	7008 RHODE ISLAND EAST DRIVE	
STREET ADDRESS	JACKSONVILLE FL 32209	
CITY-ST-ZIP		

TITLE	LAMB, WILLIE D	<input type="checkbox"/> Delete
NAME	4025 FAIRFAX STREET	
STREET ADDRESS	JACKSONVILLE FL 32209	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5023 Donny Brook Ave.	
STREET ADDRESS	Jax. Fl. 32208	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 I am empowered.

SIGNATURE:

Rogenia S. Hilton
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-18-01

Date

Daytime Phone #

CR2E037 (10/00)