

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000443

1. Entity Name

HEALING HANDS REHABILITATION RANCH INC.

FILED
Aug 11, 2002 8:00 am
Secretary of State

08-11-2002 90171 001 ****61.25

0001322

Principal Place of Business

4305 SPRINGFIELD ST
JACKSONVILLE FL 32206

Mailing Address

~~4025 FAIRFAX ST.~~
~~JACKSONVILLE FL 32206~~

4305 Springfield Blvd
Jax, FL 32206

2. Principal Place of Business

3. Mailing Address

4305 Springfield Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jax, FL 32206

4. FEI Number

59-3617450

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

HILTON, ROGENIA S

4025 FAIRFAX ST.

JACKSONVILLE FL 32209

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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
NAME
STREET ADDRESS
CITY-ST-ZIP
EX
HILTON, ROGENIA
4025 FAIRFAX ST
JACKSONVILLE FL 32209

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HI, RHIM
2968 BREVE DR
JACKSONVILLE FL 32209

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
THOMAS, TINY
7008 RHODE ISLAND E DRIVE
JACKSONVILLE FL 32209

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LAMB, WILLIE
5023 DONNY BROOK AVE
JACKSONVILLE FL 32208

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Harris, Dianne
10849 Hampton Rd.
Jax, FL 32257

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 the empowered.

SIGNATURE:

[Signature]

8-5-02

CR2E037 (4/02)