# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Sep 11, 2001 8:00 am**
**Secretary of State**
09-11-2001 90008 021 ****61.25

0009709

DOCUMENT # N04792

1. Entity Name

HANLEY - HAZELDEN CENTER AT ST. MARY'S, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5200 EAST AVENUE<br>WEST PALM BEACH FL 33407 | 5200 EAST AVENUE<br>WEST PALM BEACH FL 33407 |

DO NOT WRITE IN THIS SPACE

| 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 59-2500657 ☐ 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 |
|---|---|
| SINGLETON, JEREMIAH A<br>5200 EAST AVENUE<br>WEST PALM BEACH FL 33407 | Name: Michael Schiks<br>Street Address (P.O. Box Number is Not Acceptable): 5200 East Avenue<br>City: West Palm Beach **FL** Zip Code: 33407 |

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 Michael A Schiks 8-28-01
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**
**After September 12, 2001, 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 | VCD<br>CHESTER, DON<br>901 45TH ST.<br>W. PALM BCH. FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>LEHMAN, TERRY<br>5200 EAST AVENUE<br>WEST PALM BEACH FL 33407 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>LEWIS, LEANN<br>15245 PLEASANT VALLEY ROAD<br>CENTER CITY MN | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Treasurer<br>Michael Ranum<br>15245 Pleasant Valley Road<br>Center City, MN 55012 | ☒ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CD<br>HANLEY, MICHAEL J<br>1360 PEACHTREE STREET<br>ATLANTA GA 30309 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>SCHIKS, MICHAEL<br>15245 PLEASANT VALLEY RD<br>CENTER CITY MN 55045 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>SINGLETON, JEREMIAH A<br>5200 EAST AVENUE<br>W. PALM BCH. FL 33407 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | To be announced | ☐ Change ☐ Addition |

CR2E037 (5/01)

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: Michael A Schiks REQUIRED Michael Schiks 08/30/2001 651-213-4214