

2000 UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2

DOCUMENT # N09042

1. Entity Name

NORTH CENTRAL FLORIDA REHAB, INC.

FILED

00 MAR 23 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4300 NW 89 Blvd
Gainesville, FL 32606
USA

Mailing Address
4300 NW 89 Blvd.
Gainesville, FL 32606
USA

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

59-2547485

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

deMontmollin, Stephen J.

4300 NW 89 Blvd.
Gainesville, FL 32606

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

TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	Carr, Glenna	
STREET ADDRESS	4300 NW 89 Blvd.	
CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	DVC	<input type="checkbox"/> Delete
NAME	Mounger, William	
STREET ADDRESS	4300 NW 89 Blvd.	
CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	DS	<input type="checkbox"/> Delete
NAME	Bullard, Audrey	
STREET ADDRESS	4300 NW 89 Blvd.	
CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	Peddie, Edward C.	
STREET ADDRESS	4300 NW 89 Blvd.	
CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	DT	<input type="checkbox"/> Delete
NAME	Dinkins, Arnold	
STREET ADDRESS	4300 NW 89 Blvd.	
CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	D	<input type="checkbox"/> Delete
NAME	Daniels, Al	
STREET ADDRESS	4300 NW 89 Blvd.	
CITY-ST-ZIP	Gainesville, FL 32606	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daniel, C.B.	
STREET ADDRESS	4300 NW 89 Blvd.	
CITY-ST-ZIP	Gainesville, FL 32606	
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		

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

Philip J. Hughey 3/9/00 (352) 337-8703

Date

Daytime Phone #

CR2E037 (9/99)

**North Central Florida Rehab, Inc.
Corporation #N09042
(Addendum to 2000 Corporation Annual Filing)**

- D French, Royal 4300 NW 89 Blvd., Gainesville, FL 32606
- D Martsof, Mary 4300 NW 89 Blvd., Gainesville, FL 32606
- D Nell, Cathy 4300 NW 89 Blvd., Gainesville, FL 32606
- D Townsend, Wallace 4300 NW 89 Blvd., Gainesville, FL 32606
- AS Hughey, Philip J., 4300 NW 89 Blvd., Gainesville, FL 32606