

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90030 014 ****61.25

DOCUMENT # N44503

1. Entity Name

TRI-COUNTY REHAB, INC.

Principal Place of Business

Mailing Address

**1645 W GULF TO LAKES HWY
P.O. BOX 598
LECANTO FL 34461**

**1645 W GULF TO LAKES HWY
P.O. BOX 598
LECANTO FL 34461-8020**

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

59-3079573

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

**BUNCH, REBECCA S.
11404 W. INDIAN WOODS PATH
CRYSTAL RIVER FL 34428**

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:
FEES 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	D	<input type="checkbox"/> Delete
NAME	BUNCH, REBECCA S.	
STREET ADDRESS	11404 W. INDIAN WOODS PATH	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE	D	<input type="checkbox"/> Delete
NAME	EUTO, JEWEL	
STREET ADDRESS	1645 W GULF TO LAKE HWY	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARY, CHRIS	
STREET ADDRESS	1305 TOP SIDE VIEW DR	
CITY-ST-ZIP	MARYVILLE TN 37503	
TITLE	D	<input type="checkbox"/> Delete
NAME	RINDONE, LOIS	
STREET ADDRESS	1624-72 NE	
CITY-ST-ZIP	ST. PETE FL 37503	
TITLE	D	<input type="checkbox"/> Delete
NAME	COMPTON, KATHY	
STREET ADDRESS	3207 DRUMMOND DR	
CITY-ST-ZIP	STONE MOUNTAIN GA 30087	
TITLE	D	<input type="checkbox"/> Delete
NAME	QUINTRELL, MURRILL	
STREET ADDRESS	5301 CHARLOTTE ST	
CITY-ST-ZIP	KANSAS CITY MO 64110	

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 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 BECKY BUNCH

1-18-00

352-5270024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)