

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90174 040 ****61.25

DOCUMENT # N92000001029

1. Entity Name

THE FRIARY OF BAPTIST HEALTH CARE, INC.

Principal Place of Business

**1000 W MORENO ST
PENSACOLA FL 32501**

Mailing Address

**1000 W MORENO ST
PENSACOLA FL 32501-2316**

2. Principal Place of Business

3. Mailing Address

1717 N. "E" St.,

Suite, Apt. #, etc.

**Suite, Apt. #, etc.
Ste. 320 Attn. J. Kehoe**

City & State

**City & State
Pensacola, FL**

4. FEI Number

59-3160248

Applied For

Not Applicable

Zip

Country

Zip

Country

32501

US

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

**MITCHEM, W S
3 W GARDEN ST
SUITE 600
PENSACOLA FL 32501**

Name
J. Nixon Daniel, III

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

3 West Garden St., Ste. 600

City
Pensacola

FL

Zip Code
32501

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]

J. Nixon Daniel, III

3/28/00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **STUBBLEFIELD, ALFRED G**
STREET ADDRESS **4691 BOHEMIA PLACE**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **TSD** ☐ Change ☒ Addition
NAME **Joe Felkner**
STREET ADDRESS **1717 N. "E" St., Ste. 320**
CITY-ST-ZIP **Pensacola, FL 32501**

TITLE **D** ☐ Delete
NAME **MARTIN, THOMAS F**
STREET ADDRESS **4660 FRANCISCO RD**
CITY-ST-ZIP **PENSACOLA FL**

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

TITLE **TSD** ☒ Delete
NAME **REMKE, ADRIAN P.**
STREET ADDRESS **4133 MADURA RD**
CITY-ST-ZIP **GULF BREEZE FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ 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]
Thomas F. Martin
VP BHC
Dir. of Friary Board

3/24/00

(850) 469-2338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)