2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002814

1. Entity Name

COMMUNITY REHABILITATION CENTER, INC.



Principal Place of Business
623 BEECHWOOD ST JACKSONVILLE FL 32206

Mailing Address

P. O. BOX 9243 JACKSONVILLE FL 32208

Principal Place of Bu	isiness	3. Mailing Address	,
Suite, Apt. #, etc.		Suite, Apt. #, et	c.
City & State		City & State	
Zip	Country	Zip	Country

Sep 15, 2000 8:00 am Secretary of State 09-15-2000 90003 041 ****61.25



											(1 4 1 1 1 1 1 1 1 1 1
2. Principal Place of Business		3. Mailing	3. Mailing Address				[[] [] [] [] [] [] [] [] [] [
Suite, Apt. #, etc.		Suite, A	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
							A CEI Number	<u>,</u>		App	lied For
City & State			City & State				4. FEI Number	59-3198739			Applicable
Zip Country Zip			Zip Country				5. Certificate of		LJ È	8.75 Addit ee Required	
	6. Name and Address of Currer	TRegistered A	gent	ا سرتان	رهست سنده ر	<u></u>	7.= Name and Ac	Idress of New Ro	gistered A	gent====	
					Name				•		
BIVENS, BURNEY					Street Address (P.O. Box Number is Not Acceptable)						
1543 KING	ISLEY AVE									1 - 0 4	
#18B	PARK FL 32073				City				FL	Zip Code	
UNANUE I	named entity submits this statement	for the number	of abanaina its	register	ed office or re	eaistere	d agent, or both,	in the state of Flo	rida.		
8. The above r	named entity submits this statement	for the purpose	Of Charging No	, rogistor	34 011100 07 T	9.0	 				
	· •										
SIGNATURE _		100 9	h (NO)	F. Panietore	d Agent signature	required w	hen reinstating)		DATE		
\$	Signature, typed or printed name of registered ag	ent and title if applicat	io. (1901				-				
			Election Con	nnaign Fi	nancing	¢ F	.00 May Be	Make	e Check F	ayable to	
FILE NOW: FEE IS \$61.25 After September 13, 2000 min. will be \$236.25		i	S. Election Campaign Financing Trust Fund Contribution.			Added to Fees Department of					
After Septe	emper 13, 2000 mm. win be	\$23 0.2 3									10
10.	OFFICERS AND	DIRECTORS		11.		. A	DDITIONS/CHAN	IGES TO OFFICE	RS AND DIF		Addition
TITLE	D	_	Delete	TITL						Change	☐ AGGILION
NAME	BOWENS, PAULETTE			NAM etto	AE EET ADDRESS						
STREET ADDRESS	7240 LEM TURNER RD				r-ST-ZIP						
CITY-ST-ZIP	JACKSONVILLE FL 32209			TITI	- +					Change	☐ Addition
TITLE	D ·		Delete	NAM							
NAME OTBEET ADDRESS	TWIGGS, STANLEY				EET ADDRESS						
STREET ADDRESS.	_7240_LEM_TURNER_RD JACKSONVILLE FL 32209			in	Y-ST-ZIP						
	D		Delete	TIT	LE	•	· · · · · · ·			☐ Change	Addition
TITLE Name	GAFFNEY, REGINALD			NA	ME .						
STREET ADDRESS	7240 LEM TURNER RD				REET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL 32209			CIT	Y-ST-ZIP		<u> </u>		<u>_</u>	Change	Addition
TITLE	P		☐ Delete	TIT						L. Change	L. radiado
NAME	MCINTYRE, ROY				ME						
STREET ADDRESS	1 , , , , , , , , , , , , , , , , , , ,				REET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL 32209				 +					☐ Change	Addition
TITLE	T TONES BOOKEY		Delete		LE ME	Hul	1, Paul				•
NAME expect and pecc	JONES, RODNEY				REET ADDRESS	,,	7				
STREET ADDRESS CITY-ST-ZIP	1741 GALLIHADION COURT				ry-st-zip						
	JACKSONVILLE FL 32218		☐ Delete	TIT	LE	-				☐ Change	Addition
TITLE NAME	T FLOYD-PEOPLES, BONNIE				ME						
STREET ADDRESS	1719 DAYTONA LANE			ST	REET ADDRESS						
CITY_ST_7IP	INDUCOMBILE EL 20010				TY-ST-ZIP						
19 boroby	certify that the information supplied	with this filing d	oes not qualify	for the ex	emption stat	ted in Se	ection 119.07(3)(i)	, Florida Statutes	. I further ce	rtify 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 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 kustee 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:

Daytime Phone # Date