04191999-90100-043-$70.00-$70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAY 24 PM 1:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N96000006338

1. Corporation Name
HUBERT APARTMENTS, INC.

Principal Place of Business	Mailing Address
5707 NORTH 22ND STREET TAMPA FL 33610	5707 NORTH 22ND STREET TAMPA FL 33610

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/12/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3417481 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MENTAL HEALTH CARE, INC.
5707 NORTH 22ND STREET
33610 FL 33610

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PARSONS, SALLY		1.2 NAME		
STREET ADDRESS	908 BRUCE ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33606		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HOWARD, DALE		2.2 NAME		
STREET ADDRESS	1905 E. BAKER ST #2		2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33567		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CHOATE, ROBERT		3.2 NAME		
STREET ADDRESS	2405 CAROLINA AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33629		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	William A. Mellan D	☒ Change ☐ Addition
NAME	MELLAN, WILLIAM A DR.		4.2 NAME	39 Columbia Drive	
STREET ADDRESS	P.O. BOX 31127		4.3 STREET ADDRESS	Suite 321	
CITY-ST-ZIP	TAMPA FL 33631		4.4 CITY-ST-ZIP	Tampa, Florida 33606	
TITLE	D	☒ DELETE	5.1 TITLE	John Rogers D	☐ Change ☒ Addition
NAME	THOMAS, GEORGE P		5.2 NAME	6603 Stafford Road	
STREET ADDRESS	11405 ORILLA DEL RIO PLACE		5.3 STREET ADDRESS	Plant City, FL 33656	
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BARRON, ELIZABETH		6.2 NAME		
STREET ADDRESS	3325 BAYSHORE BLVD. SUITE F-34		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33629		6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4-1-99 (813) 272-2244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)