2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State
03-16-2001 90057 036 ****70.00

DOCUMENT # N96000006338

1. Entity Name

HUBERT APARTMENTS, INC.

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

DO NOT WRITE IN THIS SPACE

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 59-3417481 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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, NAME, STREET ADDRESS, CITY-ST-ZIP	PD PARSONS, SALLY 908 BRUCE ST. TAMPA FL 33606	☐ Delete	TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	☐ Change ☐ Addition
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	STD HOWARD, DALE 1905 E. BAKER ST #2 PLANT CITY FL 33567	☒ Delete	TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	STD BALLAS, EDWARD 2506 Lancer Dr. Tampa, FL 33618 ☐ Change ☒ Addition
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	D CHOATE, ROBERT 4658 MIRABELLA CT SAINT PETERSBURG BCH FL 33706	☐ Delete	TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	☐ Change ☐ Addition
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	D MELLAN, WILLIAM A 1206 N. PARK AVE PLANT CITY FL 33566	☐ Delete	TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	☐ Change ☐ Addition
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	D ROGERS, JOHN 6603 STAFFORD ROAD PLANT CITY FL 33565	☐ Delete	TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	☐ Change ☐ Addition
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	D BARRON, ELIZABETH 3325 BAYSHORE BLVD. SUITE F-34 TAMPA FL 33629	☐ Delete	TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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: Sally Parsons Sally Parsons, President REQUIRED 3/9/01 (813) 251-7346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #