

## 2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # N98000000500

1. Entity Name

MISSION TLC INC. OF NORTHEAST FLORIDA

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

02-21-2000 90041 019 \*\*\*\*61.25

Principal Place of Business

Mailing Address

344 PABLO TERRACE  
PONTE VEDRA BEACH FL 32082344 PABLO TERRACE  
PONTE VEDRA BEACH FL 32082-1809

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3494591

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

HORNER, SHAY RW  
 344 PABLO TERRACE  
 PONTE VEDRA BEACH FL 32082

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

*Shay RW Horner* Shay RW Horner President  
 Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1-3-2000  
 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	HORNER, SHAY R	344 PABLO TERR	PONTE VEDRA BEACH FL 32082	<input type="checkbox"/> Delete
V	SHEFFIELD, DAVID	695 A1A NORTH #22	PONTE VEDRA BEACH FL 32082	<input type="checkbox"/> Delete
S	JONES, JOY	401 LANDRUM LANE	PONTE VEDRA BEACH FL 32082	<input type="checkbox"/> Delete
D	RHOADS, ROBIN	3007 CYPRESS CREEK DR E	PONTE VEDRA BEACH FL 32082	<input type="checkbox"/> Delete
D	CHUN, MISSY	1105 AVONDALE PLACE	JACKSONVILLE FL 32259	<input checked="" type="checkbox"/> Delete
D	KANE, JENNY	4829 COLONIAL AVE	JACKSONVILLE FL 32210	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

*Shay RW Horner* REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-2000

Date

904-273-9021

Daytime Phone #

CR2F037 (9/99)