

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90420 003 \*\*\*\*61.25

**DOCUMENT # N98000000715**

1. Entity Name

**MARES NEST REHABILITATION CENTER INC.**

Principal Place of Business

4655 ROUND LAKE RD.  
 APOPKA FL

Mailing Address

4655 ROUND LAKE RD. P.O. BOX 154  
 APOPKA FL 32704

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

59-3493494

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

BENNETT, WENDY D  
 6442 LAKE LERLA DR.  
 APOPKA FL 32712

7. Name and Address of New Registered Agent

Name 28 Debbie Miller

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

285 Ponkan Road

City APOPKA

FL

Zip Code

32712

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]*

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BENNETT, WENDY D	
STREET ADDRESS	6442 LAKE LERLA DR.	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	HAMILTON, NICOLE	
STREET ADDRESS	PO BOX 771092	
CITY-ST-ZIP	WINTER GARDEN FL 34777-1092	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOEQUIST, CHARLES E	
STREET ADDRESS	3101 MAGURIE BLVD., SUITE 101	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BENNETT, JERRY M	
STREET ADDRESS	6442 LAKE LERLA DR	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, JUDY KAY	
STREET ADDRESS	2712 HILDA CT	
CITY-ST-ZIP	ORLANDO, FL. 32826	
TITLE	Riggall, Christine	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SECRETARY	
STREET ADDRESS	3827 Anna Drive	
CITY-ST-ZIP	APOPKA FLA 32703	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debbie Miller	
STREET ADDRESS	285 PONKAN ROAD	
CITY-ST-ZIP	APOPKA FLA 32712	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEST, KIM MARIE	
STREET ADDRESS	2712 HILDA CT.	
CITY-ST-ZIP	ORLANDO, FL 32826	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AGIE COX	
STREET ADDRESS	715 ROYAL LAKE CR. 1105	
CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/01

Date

Daytime Phone #

0021984

CP25037 (10/00)