

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2001 8:00 am
Secretary of State

05-30-2001 90027 005 ****61.25

DOCUMENT # N98000001009

1. Entity Name

HOPE - HI REHAB & ELDERLY FACILITY, INC.

Principal Place of Business

**8025 BAYMEADOWS CIRCLE E., #1702
 JACKSONVILLE FL 32256**

Mailing Address

**8025 BAYMEADOWS CIRCLE E., #1702
 JACKSONVILLE FL 32256**

2. Principal Place of Business

7973 SWAMPFLOWER DR. E., 7973 SWAMPFLOWER DR. E.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FLORIDA

City & State

JACKSONVILLE, FLORIDA

4. FEI Number

62-1730128

Applied For

Not Applicable

Zip

Country

32244

DUVAL

Zip

Country

32244

DUVAL

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

**HOLT, EDWARD L
 8025 BAYMEADOWS CIRCLE E., #1702
 JACKSONVILLE FL 32256**

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 **EDWARD LEE HOLT**

Edward Lee Holt

5/19/01

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent's 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **HOLT, EDWARD L**
 STREET ADDRESS **8025 BAYMEADOWS CIRCLE E., #1702**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☒ Change ☐ Addition
 NAME **HOLT, EDWARD L.**
 STREET ADDRESS **7973 SWAMPFLOWER DR. E.**
 CITY-ST-ZIP **JACKSONVILLE, FL. 32244**

TITLE **D** ☐ Delete
 NAME **HOLT, CLEMERTINE H**
 STREET ADDRESS **8025 BAYMEADOWS CIRCLE E., #1702**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☒ Change ☐ Addition
 NAME **HOLT, CLEMERTINE H.**
 STREET ADDRESS **7973 SWAMPFLOWER DR. E.**
 CITY-ST-ZIP **JACKSONVILLE, FL. 32244**

TITLE **D** ☐ Delete
 NAME **CLINTON, TARYN C**
 STREET ADDRESS **8025 BAYMEADOWS CIRCLE E., #1702**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☒ Change ☐ Addition
 NAME **CLINTON, TARYN C.**
 STREET ADDRESS **7973 SWAMPFLOWER DR. E.**
 CITY-ST-ZIP **JACKSONVILLE, FL. 32244**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **EDWARD LEE HOLT** *Edward Lee Holt* **5/19/01** **(904) 317-9184**

CR2E037 (10/00)