

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005131

1. Entity Name

REHABILITATION THE CHRISTIAN WAY, INC.

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90353 043 \*\*\*\*61.25

0049795

Principal Place of Business

4011 36TH CT., #2B  
ATTN: TAMI WILKINS  
W. PALM BEACH FL 33407

Mailing Address

4011 36TH CT., #2B  
ATTN: TAMI WILKINS  
W. PALM BEACH FL 33407

2. Principal Place of Business

1233 45<sup>th</sup> Street

Suite, Apt. #, etc.

A-6

3. Mailing Address

1233 45<sup>th</sup> Street

Suite, Apt. #, etc.

A-6

City & State

West Palm Bch, Fla

Zip

33407

Country

Palm Beach

City & State

West Palm Beach

Zip

33407

Country

U.S.

4. FEI Number

65-0857263

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

UNDERWOOD WILKINS, TAMMI  
4011 36TH COURT #2-B  
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name

Tammi Underwood Wilkins

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

1233 45<sup>th</sup> Street Suite A6

City

West Palm Beach

FL

Zip Code

33407

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

Tammi Underwood Wilkins

4/23/01

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 NAME STREET ADDRESS CITY-ST-ZIP	T MATTHEWS, VERONA 4013 TEMPLE STREET WEST PALM BEACH FL 33407	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HINKLE, RON 5336 BOSQUE LANE WEST PALM BEACH FL 33415	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAGANS, ALVIN 1338 8TH STREET WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UNDERWOOD WILKINS, TAMMI 4011 36TH COURT #2-B WEST PALM BEACH FL 33407	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKINS, TRACY M 4011 36TH COURT, #2-B WEST PALM BEACH FL 33407	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:

Tammi Underwood Wilkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date

561-739-2140

Daytime Phone #

CR2E037 (10/00)