

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90023 006 ****70.00

DOCUMENT # N99000005804

1. Entity Name
ST. FRANCIS CENTER FOR RESTORATION, INC.

Principal Place of Business Mailing Address
2010 OAK STREET **2010 OAK STREET**
MELBOURNE BEACH FL 32951 **MELBOURNE BEACH FL 32951-2713**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3601974** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
KOENIG, E. WALTER
2583 SOUTH HIGHWAY A1A
MELBOURNE BEACH FL 32951

7. Name and Address of New Registered Agent
 Name **Koenig, E. Walter Jr.**
 Street Address (P.O. Box Number is Not Acceptable) **5635 So. Hwy. A1A Apt. 401**
Melbourne Beach
 City **FL** Zip Code **32951**

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 *E. Walter Koenig Jr.* **E. Walter Koenig Jr.** **1/19/00**
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOENIG, E. WALTER JR. 2583 SOUTH HIGHWAY A1A MELBOURNE BEACH FL 32951	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Koenig, E. Walter Jr. 5635 So. Hwy. A1A Apt 401 Melbourne Beach FL 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOENIG, RENE B 2583 SOUTH HIGHWAY A1A MELBOURNE BEACH FL 32951	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Koenig Rene B. 5635 So. Hwy. A1A Apt 401 Melbourne Beach FL 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, PERRY W 255 PARADISE BLVD., #21 INDIALANTIC FL 32903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JONES, SHARON F 333 SEABREEZE DRIVE INDIALANTIC FL 32903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUCKART, ROBERT M 2327 ST. ANDREWS CIRCLE MELBOURNE FL 32901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition M Bruckart Robert M 2327 St. Andrews Circle Melbourne FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOENIG, E. WALTER 2583 SOUTH HIGHWAY A1A MELBOURNE BEACH FL 32951	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: *E. Walter Koenig Jr.* **E. Walter Koenig Jr.** **1/19/00** **321-726-926**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #