

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *N99000006032*

1. Entity Name

Saint Joseph Care of Florida INC

Principal Place of Business

Mailing Address

1415 Baker Ct

Panama City FL 32401-1916

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

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Michael Hill

1415 Baker Ct

Panama City FL 32401-1916

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 *PO* *Paul G Fitzgerald* ☐ Delete
NAME
STREET ADDRESS *6005 E Hwy 98*
CITY-ST-ZIP *Panama City, FL 32404*

TITLE *VD* *Ronald W. Childers* ☐ Delete
NAME
STREET ADDRESS *702 Monument Ave*
CITY-ST-ZIP *Port St. Joe, FL 32456*

TITLE *STD* *Doug Kent* ☒ Delete
NAME
STREET ADDRESS *120 Tug Boat Ln.*
CITY-ST-ZIP *Port St. Joe, FL 32456*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *STD* *Mitchell T. Burk* ☐ Change ☒ Addition
NAME
STREET ADDRESS *1003 McClelland Ave*
CITY-ST-ZIP *Port St Joe, FL 32456*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Paul G Fitzgerald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 14, 2000

Date

Daytime Phone #

CR2E037 (9/99)