

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90638 023 \*\*\*\*61.25

**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**

**1415 BAKER CT  
 PANAMA CITY FL 32401-1916**

2. Principal Place of Business  
**2475 Garrison Ave.**

3. Mailing Address  
**431 Oak Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Port St. Joe, FL**

City & State  
**Panama City, FL**

4. FEI Number  
**59-3721710**

Applied For  
 Not Applicable

Zip  
**32456**

Country  
**USA**

Zip  
**32401**

Country  
**USA**

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

**HILL, R. MICHAEL  
 1415 BAKER CT.  
 PANAMA CITY FL 32401**

Name  
**Hill, R. Michael**

Street Address (P.O. Box Number is Not Acceptable)  
**431 Oak Avenue**

City  
**Panama City FL Zip Code 32401**

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

**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	<b>VB</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CHILBERS, RONALD W</b>	
STREET ADDRESS	<b>702 MONUMENT AVE</b>	
CITY-ST-ZIP	<b>PORT ST. JOE FL 32456</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BURKE, MITCHELL T</b>	
STREET ADDRESS	<b>1003 MCCLELLAND AVE</b>	
CITY-ST-ZIP	<b>PT ST JOE FL 32438</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>HILL, R. MICHAEL</b>	
STREET ADDRESS	<b>1415 BAKER CT.</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32401</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Director Nathan Peters, Jr.</b>	
STREET ADDRESS	<b>201 Peters St.</b>	
CITY-ST-ZIP	<b>Port St. Joe, FL 32456</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Director Charles W. Norton</b>	
STREET ADDRESS	<b>103 St. Joseph Drive</b>	
CITY-ST-ZIP	<b>Port St. Joe, FL 32456</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Director William Ramsey</b>	
STREET ADDRESS	<b>1004 Marvin Avenue</b>	
CITY-ST-ZIP	<b>Port St. Joe, FL 32456</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Director Jo Carol Golson</b>	
STREET ADDRESS	<b>7113 Bass Street</b>	
CITY-ST-ZIP	<b>Wewahitchka, FL 32465</b>	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/02 950-872-4124**

CR2E037 (9/01)