

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90245 019 \*\*\*150.00

**DOCUMENT # P93000053051**

1. Entity Name  
**HOWARD JOHNSON HEALTH CARE, INC.**

Principal Place of Business <b>1411 JOHNS ST BLOUNTSTOWN FL 32424</b>	Mailing Address <b>POST OFFICE BOX 776 BLOUNTSTOWN FL 32424-0776 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	4. FEI Number <b>59-3194520</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status-Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			

6. Name and Address of Current Registered Agent <b>JOHNSON, HOWARD 1411 JOHNS STREET POST OFFICE BOX 776 BLOUNTSTOWN FL 32424</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete <b>JOHNSON, HOWARD S 1411 JOHNS ST BLOUNTSTOWN FL</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>VP</b>	<input type="checkbox"/> Delete <b>JOHNSON, JEANETTE 1411 JOHNS ST BLOUNTSTOWN FL</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>VP</b>	<input type="checkbox"/> Delete <b>ELDRIDGE, DEBORAH J 825 DOGWOOD AVENUE BLOUNTSTOWN FL</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>ST</b>	<input type="checkbox"/> Delete <b>JOHNSON, HOWARD J 1411 JOHNS ST BLOUNTSTOWN FL</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Howard Johnson* **Howard Johnson** 2-29-2000 1-850-674-8101  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone