

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000104402**

1. Entity Name

Therapeutic Rehabilitation Centers II, Inc

FILED

00 MAY 23 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

3015 N. Ocean Blvd.

3. Mailing Address

PO Box 480248

Suite, Apt. #, etc.

107

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale FL

4. FEI Number

65-0727429

Applied For

Not Applicable

Zip

33308

Country

Zip

33348

Country

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

Name

Reyer, James N

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

5301 N Federal Hwy Ste 200

City **Boca Raton**

FL

Zip Code **33487**

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☒ Addition
PDST
Martin Tschanz
3015 N. Ocean Blvd., #107
Ft. Lauderdale FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☒ Addition
D
Charles Dinsmore III
3015 N. Ocean Blvd., #107
Ft. Lauderdale FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☒ Addition
D
Alexander Kunz
3015 N. Ocean Blvd., #107
Ft. Lauderdale FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
500003280026--4
-06/07/00--01078--001
******900.00 ****150.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
500003383475--0
-09/06/00--01062--001
******900.00 ****150.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Martin Tschanz Pres 4.28.00 954.567.1857

CR2E034 (9/99)