

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000063775

1. Entity Name

RAILHEAD ASSOCIATES, INC.

P

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90029 048 ***150.00

Principal Place of Business

1467 RAIL HEAD BLVD
NAPLES FL 34110
US

Mailing Address

1467 RAIL HEAD BLVD
NAPLES FL 34110
US

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

65-0787804

Applied For

Not Applicable

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

GLISCH, KEITH E
25 LAS BRISAS
NAPLES FL 34108

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

KEITH E. GLISCH

Keith E. Glisch

9/1/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	GLISCH, KEITH	
STREET ADDRESS	25 LAS BRISAS WAY	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

KEITH E. GLISCH

9/1/00

(941) 596-5012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

SUMMIT
HOME RESPIRATORY SERVICES INC.
1467 RAIL HEAD BLVD.
NAPLES, FL 34110

NAPLES
PHONE (941) 596-5000
FAX (941) 596-5017

FT. MYERS
PHONE (941) 332-2210
FAX (941) 596-5017

Attachment doc #
P97000063775
D003503

September 1, 2000


Uniform Business Report Filings
P O Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern,

Summit Home Respiratory Services and Rail Head Associates, Inc. recently received the enclosed 2000 Uniform Business Reports. Upon checking our files we did not receive the reports for the earlier required date. Therefore, we are sending a check for \$150.00 for each entity.

Should you have any questions, please feel free to contact me.

Sincerely,


Keith E. Glisch
CEO



Joint Commission
on Accreditation of Healthcare Organizations