

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000088583

1. Entity Name

ST. AUGUSTINE HEALTH CARE & REHABILITATION, INC.

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

04-19-2000 90245 008 ***150.00

Principal Place of Business

Mailing Address

460 BRIARWOOD DRIVE STE. 410
JACKSON MS 39206

P.O. BOX 12000
JACKSON MS 39236-2000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

64-0893772

Applied For

Not Applicable

Zip

Country

Zip

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. 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	D	<input type="checkbox"/> Delete
NAME	BLACK, JOHN L JR	
STREET ADDRESS	235 ST ANDREWS	
CITY-ST-ZIP	JACKSON MS 38211	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DUNBAR, CHAUNCEY R	
STREET ADDRESS	870 HWY. 469 SOUTH	
CITY-ST-ZIP	FLORENCE MS 39073	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ARNOLD, BOBBY R	
STREET ADDRESS	4680 HICKORY DRIVE	
CITY-ST-ZIP	JACKSON MS 39211	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DUKES, ANN T	
STREET ADDRESS	150 WILLOW WAY DRIVE	
CITY-ST-ZIP	FLORA MS 39071	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLACK, JOHN L III	
STREET ADDRESS	46 NORTHTOWN DRIVE	
CITY-ST-ZIP	JACKSON MS 39211	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	24 Provence Blvd.	
CITY-ST-ZIP	Madison, MS 39110	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. Box 12000	
CITY-ST-ZIP	Jackson, MS 39236	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	310 Maplewood Place	
CITY-ST-ZIP	Ridgeland, MS 39157	
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: *Chauncey R Dunbar*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chauncey R. Dunbar

Date

4/13/00

601-956-1013

Daytime Phone #

CR2E034 (9/99)