

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90080 045 ***150.00

DOCUMENT # P97000097591

1. Entity Name

TRISTAR REHAB, INC.

Principal Place of Business

11706 W WATERWAY DR
HOMOSASSA FL 34448
US

Mailing Address

P.O. BOX 2527
HOMOSASSA SPRINGS FL 34447

C0010203



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8455 S. SUNCOAST BLVD
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

HOMOSASSA SPRINGS, FL

City & State

Zip

34446

Country

CITRUS

Country

4. FEI Number 59-3487447

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

WALDROP, DREAMA M
11706 W. WATERWAY DRIVE
HOMOSASSA FL 34448

Name

MARK WALDROP

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

10070 W. HALLS RIVER RD.

City

HOMOSASSA,

FL

Zip Code

34448

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

Quentin Waldrop - Secretary Dreama M. Waldrop

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/19/01

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, 2001 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 DPST ☐ Delete
NAME WALDROP, DREAMA M
STREET ADDRESS 11706 WATERWAY DR.
CITY-ST-ZIP HOMOSASSA FL 34448

TITLE DIRECTOR, SECRETARY ☒ Change ☐ Addition
NAME WALDROP, DREAMA M.
STREET ADDRESS 10070 W. HALLS RIVER RD.
CITY-ST-ZIP HOMOSASSA, FL 34448

TITLE D ☐ Delete
NAME WALDROP, MARK
STREET ADDRESS 11706 W WATERWAY DR
CITY-ST-ZIP HOMOSASSA FL 34448

TITLE DIRECTOR, PRESIDENT ☒ Change ☐ Addition
NAME WALDROP, MARK
STREET ADDRESS 10070 W. HALLS RIVER RD.
CITY-ST-ZIP HOMOSASSA, FL 34448

TITLE D ☐ Delete
NAME RILEY, SUSAN
STREET ADDRESS 1127 FOXPOINT
CITY-ST-ZIP BRANDON MS 39042

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

TITLE D ☐ Delete
NAME BELTON, ANN R
STREET ADDRESS 117 PENISULA DRIVE
CITY-ST-ZIP BRANDON MS 39042

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Mark Waldrop MARK WALDROP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-01 (352) 795-6225

Date Daytime Phone #

CR2E034 (10/00)