

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 23, 2001 8:00 am  
Secretary of State

01-23-2001 90035 034 \*\*\*158.75

DOCUMENT # P98000050613

1. Entity Name

BLUE RIBBON HEALTH SERVICES, INC.

Principal Place of Business

8200 HWY. 22  
PANAMA CITY FL 32404

Mailing Address

8200 HWY. 22  
PANAMA CITY FL 32404

2. Principal Place of Business

6909 Highway 22  
Suite, Apt. #, etc.

3. Mailing Address

6909 Highway 22  
Suite, Apt. #, etc.

City & State

Panama City, FLORIDA

City & State

Panama City, Florida

Zip  
32404

Country  
USA

Zip

32404

Country  
USA

4. FEI Number 59-3517850

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

NICHOLS, RUSSEL A  
4712 E. BAY DR.  
PANAMA CITY FL 32404

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, 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 D ☐ Delete  
NAME NICHOLS, RUSSEL A SR.  
STREET ADDRESS 4712 E. BAY DR.  
CITY-ST-ZIP PANAMA CITY FL 32404

TITLE Vice President ☐ Change ☒ Addition  
NAME Nichols, Russel A. SR.  
STREET ADDRESS 4712 E. BAY DR.  
CITY-ST-ZIP Panama City, FL 32404

TITLE ST ☐ Delete  
NAME YOUNGBLOOD, BARBARA A  
STREET ADDRESS 3638 LARK LN  
CITY-ST-ZIP PANAMA CITY FL 32404

TITLE TREASURER ☒ Change ☐ Addition  
NAME Nichols, Russel A. SR.  
STREET ADDRESS 4712 E. BAY DR.  
CITY-ST-ZIP Panama City, FL 32404

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE President ☒ Change ☐ Addition  
NAME Youngblood, Barbara A.  
STREET ADDRESS 3638 LARK LANE  
CITY-ST-ZIP Panama City, FL 32404

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Secretary ☐ Change ☐ Addition  
NAME youngblood, Barbara A.  
STREET ADDRESS 3638 LARK LANE  
CITY-ST-ZIP Panama City, FL 32404

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)