

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2001 8:00 am**  
**Secretary of State**

02-12-2001 90231 017 \*\*\*150.00

**DOCUMENT # P98000058075**

1. Entity Name

**B C HEALTHCARE, INC.**

Principal Place of Business

**333 JOHN ROAD  
HOLT FL 32564**

Mailing Address

**333 JOHN ROAD  
HOLT FL 32564**

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 **59-3521717**

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

**ATES, CATHERINE A  
333 JOHN ROAD  
HOLT FL 32564**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ATES, CATHERINE A</b>	
STREET ADDRESS	<b>333 JOHN ROAD</b>	
CITY-ST-ZIP	<b>HOLT FL 32564</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, LAWTON B</b>	
STREET ADDRESS	<b>8172 GREEN STREET</b>	
CITY-ST-ZIP	<b>LAUREL HILL FL 32567</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PARKER, BILL</b>	
STREET ADDRESS	<b>115 COURTHOUSE TERRACE</b>	
CITY-ST-ZIP	<b>CRESTVIEW FL 32536</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>THIGPEN, R. LEE</b>	
STREET ADDRESS	<b>1005 CAPRI COURT</b>	
CITY-ST-ZIP	<b>CRESTVIEW FL 32539</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TEEL, BILLY D</b>	
STREET ADDRESS	<b>322 POWELL DRIVE</b>	
CITY-ST-ZIP	<b>CRESTVIEW FL 32536</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-9-01**

Date

**850 683 3997**

Daytime Phone #

CR2E034 (10/00)