

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90138 009 ***150.00

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DOCUMENT # P98000058075

1. Entity Name
B C HEALTHCARE, INC.

Principal Place of Business Mailing Address
333 JOHN ROAD 333 JOHN ROAD
HOLT FL 32564 HOLT FL 32564

2. Principal Place of Business 3. Mailing Address
551 REDSTONE AVE. W. 551 REDSTONE AVE. W.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
CRESTVIEW, FL CRESTVIEW, FL
 Zip Country Zip Country
32536 OKALOOSA 32536 OKALOOSA



DO NOT WRITE IN THIS SPACE

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
ATES, CATHERINE A
333 JOHN ROAD
HOLT FL 32564

7. Name and Address of New Registered Agent
 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

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, 2002 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 | |
|----------------------------|---------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | D ATES, CATHERINE A |
| STREET ADDRESS | 333 JOHN ROAD |
| CITY-ST-ZIP | HOLT FL 32564 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | D SMITH, LAWTON B |
| STREET ADDRESS | 8172 GREEN STREET |
| CITY-ST-ZIP | LAUREL HILL FL 32567 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | D PARKER, BILL |
| STREET ADDRESS | 115 COURTHOUSE TERRACE |
| CITY-ST-ZIP | CRESTVIEW FL 32536 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | D THIGPEN, R. LEE |
| STREET ADDRESS | 1005 CAPRI COURT |
| CITY-ST-ZIP | CRESTVIEW FL 32539 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | D TEEL, BILLY D |
| STREET ADDRESS | 322 POWELL DRIVE |
| CITY-ST-ZIP | CRESTVIEW FL 32536 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| 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 | |
| CITY-ST-ZIP | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 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 **LAWTON B. SMITH** **3-19-02 8506825322**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)