

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000089972

1. Entity Name

GULF COAST REHAB FACILITIES, INC.

FILED

00 OCT -9 AM 10:07

SECRETARY OF STATE  
TREASURER, FLORIDA

Principal Place of Business

6655 SOUTH DIXIE HIGHWAY  
SOUTH MIAMI FL 33143

Mailing Address

6655 SOUTH DIXIE HIGHWAY  
SOUTH MIAMI FL 33143

2. Principal Place of Business

7775 SW 87 AVE

Suite, Apt. #, etc.  
100

City & State

MIAMI FL

Zip

33173

Country

MIAMI-DADE

3. Mailing Address

7775 SW 87 AVE

Suite, Apt. #, etc.  
100

City & State

MIAMI FL

Zip

33173

Country

MIAMI-DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0870380

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NEWMAN, MICHAEL P  
6655 SOUTH DIXIE HIGHWAY  
SOUTH MIAMI FL 33143

7. Name and Address of New Registered Agent

Name

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

7775 SW 87 AVE STE 100

City

MIAMI

FL

Zip Code

33173

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

MICHAEL NEWMAN

4/15/2000

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00  
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 PD  
NAME NEWMAN, MICHAEL P  
STREET ADDRESS 8250 SW 95TH ST.  
CITY-STATE-ZIP MIAMI FL 33156

☐ Delete

TITLE SD  
NAME NEWMAN, JULIA P  
STREET ADDRESS 8250 SW 95TH ST.  
CITY-STATE-ZIP MIAMI FL 33156

☐ Delete

TITLE VPD  
NAME ALTNER, MARTIN L  
STREET ADDRESS 212 WATER VIEW CT  
CITY-STATE-ZIP SAFETY HARBOR FL 34695

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
300003436233-001  
-10/24/00--01023--001  
\*\*\*\*400.00 \*\*\*\*400.00

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
300003436233-002  
-10/24/00--01023--002  
\*\*\*\*150.00 \*\*\*\*150.00

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition

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, typed or printed name of signing officer or director

4/15/2000

Date

305661402

Daytime Phone #