

2000 UNIFORM BUSINESS REPORT (UBR)

010955X

DOCUMENT # P98000104045

1. Entity Name

WASHINGTON SHORES REHAB, INC.

FILED

00 MAR 10 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3300 SOUTH HIAWASSEE ROAD #107
ORLANDO FL 32835

Mailing Address

POST OFFICE BOX 4961
ORLANDO FL 32802-4961

2. Principal Place of Business

800 N. HIGHLAND AVE

3. Mailing Address

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

Zip

32803

Country

USA

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3547624 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 NORTH ORANGE AVENUE
SUITE 1100
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
100003204321-7
-04/11/00-01118-005
City
***150.00 ***150.00
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, 2000 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	VP	<input type="checkbox"/> Delete
NAME	TUTTLE, MILLS L	
STREET ADDRESS	3200 SOUTH HIAWASSEE ROAD #206	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	MCKINNEY, JOSEPH E	
STREET ADDRESS	3200 SOUTH HIAWASSEE ROAD #206	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	VPAT	<input type="checkbox"/> Delete
NAME	LAWLER, THOMAS P	
STREET ADDRESS	3200 SOUTH HIAWASSEE ROAD #206	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	WILLNER, DAVID M	
STREET ADDRESS	3200 SOUTH HIAWASSEE ROAD #206	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	VPC	<input type="checkbox"/> Delete
NAME	PEISNER, ERIC	
STREET ADDRESS	3300 SOUTH HIAWASSEE ROAD #107	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	800 N. HIGHLAND AVE., SUITE 200	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	800 N. HIGHLAND AVE., SUITE 200	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	800 N. HIGHLAND AVE., SUITE 200	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	800 N. HIGHLAND AVE., SUITE 200	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KROPP, STEVEN G.	
STREET ADDRESS	800 N. HIGHLAND AVE., SUITE 200	
CITY-ST-ZIP	ORLANDO, FL 32803	

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STEVEN G. KROPP, PRESIDENT

Date

Daytime Phone #

3-1-00

407/297-1600

CR2E034 (9/99)