

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031420

1. Entity Name

BASELINE REHABILITATION, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90043 021 \*\*\*150.00

Principal Place of Business

2328 HANCOCK BRIDGE PARKWAY  
SUITE 103  
CAPE CORAL FL 33990

Mailing Address

2328 HANCOCK BRIDGE PARKWAY  
SUITE 103  
CAPE CORAL FL 33990-1455

2. Principal Place of Business

100 WEST GORE ST  
Suite, Apt. #, etc.  
SUITE 204

3. Mailing Address

100 WEST GORE ST  
Suite, Apt. #, etc.  
SUITE 204

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32806

Country

Zip

32806

Country

4. FEI Number

59-3569218

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

PANKOW, JACK  
2328 HANCOCK BRIDGE PARKWAY  
SUITE 103  
CAPE CORAL FL 33990

7. Name and Address of New Registered Agent

Name

NICKERSON, BRIAN

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

100 WEST GORE ST SUITE 204

SUITE 204

City ORLANDO

FL

Zip Code 32806

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

*Brian Nickerson* VICE PRESIDENT

01/21/00

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          | PD                  | <input type="checkbox"/> Delete |
| NAME           | WHITAKER, ROBERT    |                                 |
| STREET ADDRESS | 2471 ELMORE COURT   |                                 |
| CITY-ST-ZIP    | APOPKA FL 32703     |                                 |
| TITLE          | SD                  | <input type="checkbox"/> Delete |
| NAME           | NICKERSON, BRIAN    |                                 |
| STREET ADDRESS | 9566 LINGWOOD TRAIL |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32817    |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| 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    |                                                                   |
| 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    |                                                                   |
| 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

01/21/00

Date

407-935-8819

Daytime Phone #

CR2E034 (9/99)