

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000075770**

1. Entity Name

Devoted To Health, Inc.

Principal Place of Business

Mailing Address

**10950-62 San Jose Blvd.
Jacksonville, Florida 32223**

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

59-3596517

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

7. Name and Address of New Registered Agent

**Slott & Barker
334 East Duval Street
Jacksonville, FL 32202-2718**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Delete
NAME	James G. Lyerly III	
STREET ADDRESS	10950-62 San Jose Blvd	
CITY-ST-ZIP	Jacksonville, FL 32223	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	James E. Robinson	
STREET ADDRESS	10950-62 San Jose Blvd	
CITY-ST-ZIP	Jax., FL 32223	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	David L. Robinson	
STREET ADDRESS	10950-62 San Jose Blvd	
CITY-ST-ZIP	Jax., FL 32223	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	William J. Dodson	
STREET ADDRESS	10950-62 San Jose Blvd	
CITY-ST-ZIP	Jax., FL 32223	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	James Lyerly III	
STREET ADDRESS	10950 San Jose Blvd	
CITY-ST-ZIP	Jax., FL 32223	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	James Lyerly III	
STREET ADDRESS	10950 San Jose Blvd	
CITY-ST-ZIP	Jax., FL 32223	

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

James G. Lyerly III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/00
Date

904-725-4702
Daytime Phone #

CR2E034 (9/99)