2000 UNIFORM BUSINESS REPORT (UBR)

0913 062

DOCUMENT # V40573

1. Entity Name
Second Chance of Hernando, Inc.

FILED
00 OCT -2 AM 9:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
10154 Dunkirk Rd Spring Hill, FL 34608	Same

2. Principal Place of Business	3. Mailing Address
Hernando Cty, FL	~~Same~~ 10154 Dunkirk Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Spring Hill, FL
Zip / Country	Zip: 34608 / Country: Hernando

DO NOT WRITE IN THIS SPACE

4. FEI Number: 593187756 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

William T. Charnock, III
2486 Running Oak Court
Spring Hill, FL 34608

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 [signature] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9/9/00 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President William T. Charnock III 2486 Running Oak Ct Spring Hill, FL 34608 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300003429923--7 -10/19/00--01075--007 ****150.00 ****150.00
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition KE

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 9/9/00 Date 352-683-3656 Daytime Phone #

Attachment
#V40573

9/10/00

282

Secretary of State
Division of Corporations
Tallahassee, FL

RE: Second Chance of Hernando, Inc.
Annual Report

Dear Madam.

I have enclosed the annual report for Second Chance of Hernando, Inc. along with the filing fee of $150.

I was hospitalized for the past 5 months and was physically unable to prepare said report. This information can be confirmed by Health Care Connection at 825 W Linebaugh, Tampa, Florida 33612.

Thank you for your consideration.

Sincerely,

Willie Chenault