

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744144

1. Entity Name

**MERIDIAN BEHAVIORAL HEALTHCARE, INC.**

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90062 017 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4300 SW 13TH STREET GAINESVILLE FL 32608-4006 US	Mailing Address PO BOX 141750 GAINESVILLE FL 32614-1750 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-1906214</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**DOUGLAS L. STARR, PHD PRESIDENT**  
**4300 SW 13TH ST.**  
**GAINESVILLE FL 32608**

**7. Name and Address of New Registered Agent**

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DEBOTT, CHARLES</b>	
STREET ADDRESS	<b>4300 SW 13TH STREET</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32608</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HYDE, CAROL</b>	
STREET ADDRESS	<b>4300 SW 13TH ST</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32608</b>	
TITLE	<b>VC</b>	<input type="checkbox"/> Delete
NAME	<b>MCKOY, FRANK</b>	
STREET ADDRESS	<b>4300 SW 13TH STREET</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32608</b>	
TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>ALLEN, CHARLES</b>	
STREET ADDRESS	<b>4300 SW 13TH ST.</b>	
CITY-ST-ZIP	<b>GAINESVILLE:FL 32608</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GARRETT, JACK</b>	
STREET ADDRESS	<b>4300 SW 13TH STREET</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32608</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JONES, ALICE</b>	
STREET ADDRESS	<b>4300 SW 13TH STREET</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32608</b>	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Debolt, Charles</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Lake, Oliver</b>	
STREET ADDRESS	<b>4300 SW 13th St</b>	
CITY-ST-ZIP	<b>Gainesville, FL 32608</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Johnson, Herman</b>	
STREET ADDRESS	<b>4300 SW 13th St</b>	
CITY-ST-ZIP	<b>Gainesville, FL 32608</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Bosshardt, Carol</b>	
STREET ADDRESS	<b>4300 SW 13th St</b>	
CITY-ST-ZIP	<b>Gainesville, FL 32608</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Longworth, Sharon</b>	
STREET ADDRESS	<b>4300 SW 13th St</b>	
CITY-ST-ZIP	<b>Gainesville, FL 32608</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Phillips-Maxwell, Irma</b>	
STREET ADDRESS	<b>4300 SW 13th St</b>	
CITY-ST-ZIP	<b>Gainesville, FL 32608</b>	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sharon Longworth  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-27-00**  
 Date Daytime Phone #

CR2E037 (9/99)