

# 2000 UNIFORM BUSINESS REPORT (UBR)

0579096

**DOCUMENT # H64609**

1. Entity Name  
**MANATEE PALMS RESIDENTIAL TREATMENT CENTER, INC.**

**FILED**

**00 APR 17 PM 12:45**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |   |
|--|---|
| Principal Place of Business<br><b>% MARY YUMIBE<br/>3820 STATE STREET<br/>SANTA BARBARA CA 93105</b> | Mailing Address<br><b>% MARY YUMIBE<br/>3820 STATE STREET<br/>SANTA BARBARA CA 93105-3112</b> |
|--|---|



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |                |
|--------------------------------|---------|---------------------|---------|---|----------------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number<br><b>52-1409474</b>  | Applied For    |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |   | Not Applicable |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                |
| Zip                            | Country | Zip                 | Country |   |                |

**6. Name and Address of Current Registered Agent**

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

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

|  |
|--|
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| City   |
| State <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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

|   |   |  |
|---|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00<br/>After MAY 1, 2000 Fee will be \$550.00<br/>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|---|--|

| 11. OFFICERS AND DIRECTORS                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>PULLEN, TIMOTHY L<br/>14001 DALLAS PARKWAY<br/>DALLAS TX 75240</b> <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>13737 Noel Road<br/>Dallas, TX 75240</b>                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DVS<br/>SILVER, RICHARD B<br/>3820 STATE STREET<br/>SANTA BARBARA CA 93105</b> <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>500003223305--3<br/>-04/25/00--01079--020<br/>****150.00 ****150.00</b>               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Delete<br><b>VT<br/>MCMULLEN, TERENCE P<br/>3820 STATE STREET<br/>SANTA BARBARA CA 93105</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>T<br/>Dennis L. Dent<br/>3820 State Street<br/>Santa Barbara, CA 93105</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete<br><b>AS<br/>LARSEN, CAITLIN M<br/>3820 STATE STREET<br/>SANTA BARBARA CA 93105</b>              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>LS</b>  |

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: \_\_\_\_\_ Secretary **4/10/00** **805/573-7075**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)