

DOCUMENT # N98000002576

1. Entity Name

BEHAVIOR ANALYST CERTIFICATION BOARD, INC.

FILED

00 FEB 15 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

519 E PARK AVE
TALLAHASSEE FL 32301519 E PARK AVE
TALLAHASSEE FL 32301-2524

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

59-3514321

Applied For

Not Applied

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHOOK, GERALD L
519 E PARK AVE
TALLAHASSEE FL 32301

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

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
JOHNSTON, JAMES M
187 LEE RD., 820
OPELIKA AL 36804 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000003145450-7
-02/24/00--01005--014
*****61.25 *****61.25 ☐ Change ☐ AdditTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HEMINGWAY, MICHAEL J
1317 WINEWOOD BLVD.
TALLAHASSEE FL 32301 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BAILEY, JON S
2213 N. BONAPARTE DR.
TALLAHASSEE FL 32308 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEBEC, LEAH
10 LAUDER LANE
GREENWICH CT 06831 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SHOOK, GERALD L
519 E. PARK AVE.
TALLAHASSEE FL 32301 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditTITLE
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CITY-ST-ZIP
☐ Change ☐ Addit

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 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

1/31/00 850668 8757