2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State
03-06-2001 90289 031 ****70.00

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DOCUMENT # 721283

1. Entity Name

THE HARBOR BEHAVIORAL HEALTH CARE INSTITUTE, INC

Principal Place of Business	Mailing Address
7809 MASSACHUSETTS AVE NEW PT RICHEY FL 34653 US	P.O. BOX 428 NEW PORT RICHEY FL 34656-0428 US

C00030724

DO NOT WRITE IN THIS SPACE

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 59-1371752 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TORRENCE, ALFRED W. JR.
6645 RIDGE ROAD
PORT RICHEY FL 34668

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, typed or printed name of registered agent and title if applicable. (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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MARIE DENNIS 1913 DARTMOUTH DR HOLIDAY FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Philip Chesnut 6331 Garland Ct. New Port Richey, FL 34652	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GAUTHIER, A. RUTH 6936 MESA VERDESS PORT RICHEY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO IRENE K RICKUS 10514 BOBCAT DR NEW PT RICHEY FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Beverly Barnett 6220 Missouri Ave. New Port Richey, FL 34653	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD STALLARD, PATRICIA F 8102 PINEAPPLE LANE PORT RICHEY FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jean Rags 20 N. main, Room 202 Brooksville, FL 34601	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD HELIE, KING 3707 CORSAIR COURT NEW PORT RICHEY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ DS	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Maureen ~~Fadaro~~ Todaro 1740 Fairfield St. Holiday, FL 34691	☐ Change ☑ Addition

CR2E037 (10/00)

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: [signature] REQUIRED Irene Rickus 2/20/01 (727) 841-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Additional Director for the Harbor Behavioral Health Care Institute, Inc.

Document #721283

C00307Z4

The Honorable Pat Mulieri
Pasco County Board of County Commissioners
West Pasco Government Center
7530 Little Road, Suite 100
New Port Richey, FL 34654