

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90154 008 ****70.00

DOCUMENT # 721283

1. Entity Name

THE HARBOR BEHAVIORAL HEALTH CARE INSTITUTE, INC

Principal Place of Business

**7809 MASSACHUSETTS AVE
 NEW PT RICHEY FL 34653
 US**

Mailing Address

**P.O. BOX 428
 NEW PORT RICHEY FL 34656-0428
 US**

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

7. Name and Address of New Registered Agent

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

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 **TD** ☐ Delete
 NAME **CHESNUT, PHILIP**
 STREET ADDRESS **6331 GARLAND CT**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **GAUTHIER, A. RUTH**
 STREET ADDRESS **6936 MESA VERDESS**
 CITY-ST-ZIP **PORT RICHEY FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **BARNETT, BEVERLY**
 STREET ADDRESS **6220 MISSOURI AVE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **RAGS, JEAN**
 STREET ADDRESS **20 N MAIN ROOM 202**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** ☐ Delete
 NAME **HELIE, KING**
 STREET ADDRESS **3707 CORSAIR COURT**
 CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **TODARO, MAUREEN**
 STREET ADDRESS **1740 FAIRFIELD ST**
 CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

CR2E037 (9/01)