

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726479

1. Entity Name

CHAUTAUQUA OFFICES OF PSYCHOTHERAPY AND EVALUATI

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90078 044 ****61.25

Principal Place of Business

Mailing Address

3686 US HWY 331 S
 P.O. BOX 607
 DEFUNIAK SPRINGS FL 32433
 US

3686 US HWY 331 S
 P O BOX 607
 DEFUNIAK SPRINGS FL 32433-6323
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1469145

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CAMPBELL, ELIZABETH S
 3686 US HWY 331 S
 DEFUNIAK SPGS FL 32433

Name
Gillis, Rachel R.
 Street Address (P.O. Box Number is Not Acceptable)
1604 County Highway 192

City
DeFuniak Springs **FL** Zip Code
32433

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 *Rachel R. Gillis* **RACHEL R. GILLIS/ADMINISTRATOR** **04/25/2000**
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 **D** Delete
 NAME **JONES, BARBARA**
 STREET ADDRESS **750 STEELE CHURCH RD**
 CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE **Secretary/Treasurer/Dir** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **FLEET, ROBERT G, COL**
 STREET ADDRESS **RT 1 BOX 406**
 CITY-ST-ZIP **SANTA ROSA BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **71 FIRST COURT**
 CITY-ST-ZIP **SANTA ROSA BEACH, FL 32459**

TITLE **PD** Delete
 NAME **DOBSON, ROBERT**
 STREET ADDRESS **PO BOX 1388 N/A**
 CITY-ST-ZIP **DEFUNIAK SPRINGS FL**

TITLE **DIRECTOR** Change Addition
 NAME
 STREET ADDRESS **1226 CIRCLE DRIVE**
 CITY-ST-ZIP **DEFUNIAK SPRINGS, FL 32433**

TITLE **DV** Delete
 NAME **PETERS, VONNIE**
 STREET ADDRESS **1475 COLLINSWORTH RD**
 CITY-ST-ZIP **WESTVILLE FL**

TITLE **PRESIDENT** Change Addition
 NAME
 STREET ADDRESS **1328 COLLINSWORTH ROAD**
 CITY-ST-ZIP **WESTVILLE, FL 32464**

TITLE **D** Delete
 NAME **YOUNG, BECKY E.**
 STREET ADDRESS **RT 7 BOX 793**
 CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE Change Addition
 NAME
 STREET ADDRESS **486 TWIN LAKE DRIVE**
 CITY-ST-ZIP **DEFUNIAK SPRINGS, FL 32433**

TITLE **STD** Delete
 NAME **HENDERSON, ROBERT**
 STREET ADDRESS **72 BOB-BO LANE**
 CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

TITLE **PRESIDENT ELECT/VICE PR** 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 empowerment.

SIGNATURE: *Vonnie Peters* **Vonnie Peters** **04/25/00** **850-267-4500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)