

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90055 021 ****61.25

DOCUMENT # 726479

1. Entity Name

CHAUTAUQUA OFFICES OF PSYCHOTHERAPY AND EVALUATI

Principal Place of Business

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

Mailing Address

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

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**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GILLIS, RACHEL R
1604 COUNTY HIGHWAY
DEFUNIAK SPGS FL 32433

Name

Street Address (P.O. Box Number is Not Acceptable)

1952 County Hwy 192

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 *Rachel R. Gillis* **Rachel R. Gillis, Administrator** **Jan. 19, 2001**
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	STD <input type="checkbox"/> Delete
NAME	JONES, BARBARA
STREET ADDRESS	750 STEELE CHURCH RD
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433
TITLE	D <input type="checkbox"/> Delete
NAME	FLEET, ROBERT G, COL
STREET ADDRESS	71 FIRST COURT
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459
TITLE	D <input type="checkbox"/> Delete
NAME	DOBSON, ROBERT
STREET ADDRESS	1226 CIRCLE DRIVE
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433
TITLE	P <input type="checkbox"/> Delete
NAME	PETERS, VONNIE
STREET ADDRESS	1328 COLLINSWORTH RD
CITY-ST-ZIP	WESTVILLE FL 32464
TITLE	D <input type="checkbox"/> Delete
NAME	YOUNG, BECKY, E.
STREET ADDRESS	486 TWIN LAKE DRIVE
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433
TITLE	PEVP <input type="checkbox"/> Delete
NAME	HENDERSON, ROBERT
STREET ADDRESS	72 BOB-BO LANE
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459

TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Secretary / Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: *Robert Henderson* **Robert Henderson** **Jan. 19, 2001** **(850) 892-8035**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)