

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764399

1. Entity Name

CLAY COUNTY BEHAVIORAL HEALTH CENTER, INC.

Principal Place of Business

3292 COUNTY ROAD 220
MIDDLEBURG FL 32068

Mailing Address

3292 COUNTY ROAD 220
MIDDLEBURG FL 32068-4357

2. Principal Place of Business

3292 COUNTY ROAD 220

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

MIDDLEBURG, FL

City & State

Zip

32068

Country

USA

Zip

Country

4. FEI Number

59-2219317

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRICE, LAURIE
3292 COUNTY ROAD 220
SUITE 107
MIDDLEBURG FL 32068

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PBOD
STEINMETZ, VIRGINIA HALL
1834 SHOAL CREEK CIR
GREEN COVE SPRINGS FL 32043 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SBOD
GRIM, JANET
239 OAK CT
ORANGE PARK FL 32073 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VBOD
STANDIFER, ROBERT R
2063 PARK AVE
ORANGE PARK FL 32073 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ED
PRICE, LAURIE POUL CM
323 SCENIC POINT LN
ORANGE PARK FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SBOD
STANDIFER, ROBERT R
2063 PARK AVE
ORANGE PARK FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TBD
VALLENCOURT, CAROL
3345 SHENANDOAH DRIVE, W
ORANGE PARK FL 32073 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
POBD
REV. ROBERT SANDIFER
2063 PARK AVENUE
ORANGE PARK, FL 32073 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VBOD
CANDACE BRIDGEWATER
2095 SALT MYRTLE LANE
ORANGE PARK, FL 32073 ☒ Change ☐ Addition

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/00

(904) 291-5290

Date Daytime Phone #

CR2E037 (9/99)