

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 06, 2002 8:00 am**  
**Secretary of State**

08-06-2002 90130 034 \*\*\*\*70.00

**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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

**ATCHISON, GAIL**  
**3292 COUNTY ROAD 220**  
**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,**  
**min. will be \$236.25.**

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	PBOD	<input checked="" type="checkbox"/> Delete
NAME	ROBERTSON, RON	
STREET ADDRESS	1310 HARBOR RD	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	VBOD	<input checked="" type="checkbox"/> Delete
NAME	GRIM, JANET	
STREET ADDRESS	239 OAK CT	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	SBOD	<input type="checkbox"/> Delete
NAME	LINDER, BETH	
STREET ADDRESS	2289 EMILY'S WAY	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	ATCHISON, GAIL PHD	
STREET ADDRESS	306 EDINBURGH LANE	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	TBD	<input type="checkbox"/> Delete
NAME	WASHINGTON, BRIAN	
STREET ADDRESS	2579 HEATHER OAKS COURT	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	VPF	<input checked="" type="checkbox"/> Delete
NAME	PARKER, JENNIFER	
STREET ADDRESS	2121 BURWICK AVE #101	
CITY-ST-ZIP	ORANGE PARK FL 32073	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	PBOD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDER, BETH	
STREET ADDRESS	2289 EMILY'S WAY	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	
TITLE	VBOD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, GERALD W.	
STREET ADDRESS	2099 WINTERBOURNE DRIVE, UNIT 208	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE	TBOD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHINGTON, BRIAN	
STREET ADDRESS	2579 HEATHER OAKS COURT	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE	SBOD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEWELL, CAROLYN	
STREET ADDRESS	2629 EAGLE BAY DRIVE	
CITY-ST-ZIP	ORANGE PARK, FL 32073	

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 another like empowered.

SIGNATURE:

*[Signature]*

8-1-02

CR2E037 (4/02)