

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000548

1. Entity Name

MHM CORRECTIONAL SERVICES, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90110 004 ***150.00

Principal Place of Business

Mailing Address

8000 TOWERS CRESCENT DRIVE, SUITE 810
VIENNA VA 22182

8000 TOWERS CRESCENT DRIVE, SUITE 810
VIENNA VA 22182-6207

2. Principal Place of Business

3. Mailing Address

8605 Westwood Center Dr. 8605 Westwood Center Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 400

Suite 400

City & State

City & State

Vienna, VA

Vienna, VA

Zip
22182

Country
USA

Zip
22182

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

54-1856340

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP ☐ Delete
NAME PINKERT, MICHAEL S
STREET ADDRESS 8000 TOWERS CRESCENT DRIVE, SUITE 810
CITY-ST-ZIP VIENNA VA 22182

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8605 Westwood Center Dr. Suite 400
CITY-ST-ZIP Vienna, VA 22182

TITLE DV ☐ Delete
NAME WHEELER, STEVEN H
STREET ADDRESS 8000 TOWERS CRESCENT DRIVE, SUITE 810
CITY-ST-ZIP VIENNA VA 22182

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8605 Westwood Center Dr., Suite 400
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MAY, ROBERT
STREET ADDRESS 8000 TOWERS CRESCENT DRIVE, SUITE 810
CITY-ST-ZIP VIENNA VA 22182

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8605 Westwood Center Dr. Suite 400
CITY-ST-ZIP Vienna, VA 22182

TITLE S ☐ Delete
NAME KEITH-MCKENZIE, NONA
STREET ADDRESS 8000 TOWERS CRESCENT DRIVE, SUITE 810
CITY-ST-ZIP VIENNA VA 22182

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8605 Westwood Center Dr. Suite 400
CITY-ST-ZIP Vienna, VA 22182

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Nona Keith-Mckenzie

CR2E034 (9/99)