

# 2002 UNIFORM BUSINESS REPORT (UBR)

0571284 AV

**DOCUMENT # L09039**

**1. Entity Name**  
**MANATEE PALMS THERAPEUTIC GROUP HOME, INC.**

**FILED**

**02 APR 12 PM 12:14**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



**Principal Place of Business**  
**% MARY YUMIBE**  
**3820 STATE STREET**  
**SANTA BARBARA CA 93105**

**Mailing Address**  
**% MARY YUMIBE**  
**3820 STATE STREET**  
**SANTA BARBARA CA 93105**

**2. Principal Place of Business**  
Suite, Apt. #, etc.

**3. Mailing Address**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

**4. FEI Number** **58-1855101** **Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**Zip** **Country** **Zip** **Country**

**6. Name and Address of Current Registered Agent**  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐ **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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		
<b>TITLE</b>	<b>P</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>NAME</b>	<b>PULLEN, TIMOTHY L</b>	<b>NAME</b>			
<b>STREET ADDRESS</b>	<b>13737 NOEL ROAD</b>	<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>	<b>DALLAS TX 75240</b>	<b>CITY-ST-ZIP</b>			
<b>TITLE</b>	<b>DVS</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>NAME</b>	<b>SILVER, RICHARD B</b>	<b>NAME</b>			
<b>STREET ADDRESS</b>	<b>3820 STATE STREET</b>	<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>	<b>SANTA BARBARA CA 93105</b>	<b>CITY-ST-ZIP</b>			
<b>TITLE</b>	<b>T</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>NAME</b>	<b>DENT, DENNIS L</b>	<b>NAME</b>			
<b>STREET ADDRESS</b>	<b>3820 STATE STREET</b>	<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>	<b>SANTA BARBARA CA 93105</b>	<b>CITY-ST-ZIP</b>			
<b>TITLE</b>	<b>AS</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>NAME</b>	<b>LARSEN, CAITLIN M</b>	<b>NAME</b>			
<b>STREET ADDRESS</b>	<b>3820 STATE STREET</b>	<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>	<b>SANTA BARBARA CA 93105</b>	<b>CITY-ST-ZIP</b>			
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>NAME</b>		<b>NAME</b>			
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>			
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>NAME</b>		<b>NAME</b>			
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>			

**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 all other like empowered.**

**SIGNATURE:** Caitlin M. Larsen **Caitlin M. Larsen, Asst. Sec.** **3/19/02** **805/563-7075**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)