

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49538

1. Entity Name

NORTHWEST BEHAVIORAL HEALTH SERVICES, INC.

**FILED**  
Feb 28, 2002 8:00 am  
Secretary of State

02-28-2002 90007 049 \*\*\*\*70.00

Principal Place of Business

Mailing Address

2392 N. EDGEWOOD AVENUE  
JACKSONVILLE FL 32254  
US

P. O. BOX 9373  
JACKSONVILLE FL 32208  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3128476

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

ESTELL, REGINALD J  
505 N LIBERTY STREET  
JACKSONVILLE FL 32202

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PV  
NAME WASHINGTON, STEWARD  
STREET ADDRESS 5711 MARLIN CT  
CITY-ST-ZIP JACKSONVILLE FL 32277 ☒ Delete

TITLE PD  
NAME Clarence M. Walker  
STREET ADDRESS 6428 Howe Drive  
CITY-ST-ZIP Jacksonville, FL 32208 ☒ Change ☐ Addition

TITLE VD  
NAME CROCKER, ROBERT T (BOB)  
STREET ADDRESS 6438 WALTHO DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32277 ☒ Delete

TITLE VD  
NAME Geraldine Cobb  
STREET ADDRESS 215 Market Street, Room 300  
CITY-ST-ZIP Jacksonville, FL 32202 ☒ Change ☐ Addition

TITLE SD  
NAME MAGADALENE, HOPES  
STREET ADDRESS 1664 MCMILLIAN STREET  
CITY-ST-ZIP JACKSONVILLE FL 32209 ☒ Delete

TITLE SD  
NAME Gwendolyn Richardson  
STREET ADDRESS 567 Charles Pickney Street  
CITY-ST-ZIP Orange Park, Florida 32073 ☒ Change ☐ Addition

TITLE TD  
NAME WALKER, CLARENCE  
STREET ADDRESS 1000 BROWARD ROAD, #1604  
CITY-ST-ZIP JACKSONVILLE FL 32218 ☒ Delete

TITLE TD  
NAME Louise Belcher  
STREET ADDRESS 4942 Portsmouth Ave.  
CITY-ST-ZIP Jacksonville, FL 32208 ☒ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME Steward Washington  
STREET ADDRESS 5711 Marlin Ct.  
CITY-ST-ZIP Jacksonville, FL 32211 ☒ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Steward Washington* Board Director

2-13-02 (904) 781-7797X14

CR2E037 (9/01)