

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90006 006 ****61.25

DOCUMENT # N92000000357

1. Entity Name

FLORIDA BEHAVIORAL HEALTH, INC.

Principal Place of Business

Mailing Address

**5707 NORTH 22ND STREET
TAMPA FL 33610**

**5707 NORTH 22ND STREET
TAMPA FL 33610**

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

65-0379675

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

**RICE, JULIAN
5707 N 22ND ST
TAMPA FL 33610**

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 **D** ☐ Delete
NAME **BROWN, MARSHA L**
STREET ADDRESS **12512 BRUCE B DOWNS BLVD**
CITY-ST-ZIP **TAMPA FL**

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

TITLE **D** ☐ Delete
NAME **LACEY, BERT**
STREET ADDRESS **1745 HWY. 17 SOUTH**
CITY-ST-ZIP **BARTOW FL**

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

TITLE **D** ☐ Delete
NAME **RUIZ, MARY**
STREET ADDRESS **391-8TH AVENUE W**
CITY-ST-ZIP **BRADENTON FL**

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

TITLE **D** ☐ Delete
NAME **RICE, JULIAN**
STREET ADDRESS **5707 N. 22ND STREET**
CITY-ST-ZIP **TAMPA FL**

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

TITLE **D** ☒ Delete
NAME **ZWINGELBERG, MARK**
STREET ADDRESS **200 AVENUE F NE**
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE ☒ Change ☐ Addition
NAME **D. Hayes, Kathy**
STREET ADDRESS **200 Avenue F. N.E.**
CITY-ST-ZIP **Winter Haven, FL 33881**

TITLE **B.H.A.** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Bill Jones**
STREET ADDRESS **4630 N. 56th**
CITY-ST-ZIP **Tampa, FL 33610**

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

Date

Daytime Phone #

CR2E037 (10/00)