

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005482

1. Entity Name

SUNSHINE BEHAVIORAL HEALTH SERVICES, INC.

Principal Place of Business

7209 D 114TH AVE
STE D
LARGO FL 33773
US

Mailing Address

7209 D 114TH AVE
STE D
LARGO FL 33773
US

2. Principal Place of Business

2349 CENTRAL AV.

Suite, Apt. #, etc.

SUITE 222

City & State

ST. PETERSBURG, FL

Zip

33713

Country

FLORIDA

3. Mailing Address

2349 CENTRAL AV.

Suite, Apt. #, etc.

SUITE 222

City & State

ST. PETERSBURG, FL

Zip

33713

Country

FLORIDA

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90365 022 ****70.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3280151

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRADY, MICHAEL T
1941 GLEN LAKES CIRCLE NORTH
ST. PETERSBURG FL 33702

7. Name and Address of New Registered Agent

Name

MICHAEL T. GRADY

Street Address (P.O. Box Number is Not Acceptable)

2349 CENTRAL AV.

City

ST. PETERSBURG

FL

Zip Code

33713

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 date 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
GRADY, MICHAEL T
1941 GLEN LAKES CIRCLE NORTH
ST PETERSBURG FL 33702 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CARROLL, FELICIA
502 S. FREMONT AVE/#613
TAMPA FL 33606 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GRADY, THERESA M
1941 GLEN LAKES CIR N.
ST. PETERSBURG FL 33702 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BLUEMKE, KEITH M
11901 4TH ST. N. #535
ST. PETERSBURG FL 33716 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
GRADY, SHANNON Q.
465 WINN WAY SUITE 140
DECATUR, GA 30030 ☐ Change ☒ Addition

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

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/00 (727) 322-2635

CR2E037 (9/99)