

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000925

1. Entity Name

FILED

00 FEB -8 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR BRITTON'S CHRISTIAN COUNSELING/TEMPERAMENT
CENTER, Inc.

Principal Place of Business

Mailing Address

6501 Arlington Expressway: 6501 Arlington Expwy.
Suite B-209 : Suite B-209
Jacksonville, FL. 32211-5795 : Jacksonville, FL 32211-5795

2. Principal Place of Business

6501 Arlington Expwy

3. Mailing Address

6501 Arlington Expwy.

Suite, Apt. #, etc.

B- 209

Suite, Apt. #, etc.

B-209

City & State

Jacksonville, FL

Zip

Country

32211-5795

City & State

Jacksonville, FL

Zip

Country

32211-5795

4. FEI Number

59-3493393

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Dr. Ruth B. Britton

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

6501 Arlington Expressway

Suite B-209

City

Jacksonville

FL

Zip Code

32211

Duvall, JOHN

121 W. Forsyth Street

Ste. 1000

Jacksonville, FL 32202

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 Dr. Ruth B. Britton

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

2/4/00

DATE

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 PD ☐ Delete

NAME Britton, Ruth B. Dr.

STREET ADDRESS 6501 Arlington Expressway, Suite B-209

CITY-ST-ZIP Jacksonville, FL 32211-5795

TITLE SD ☐ Delete

NAME Kelly Randall

STREET ADDRESS 6501 Arlington Expressway, Ste B209

CITY-ST-ZIP Jacksonville, FL 32211-5795

TITLE TD ☐ Delete

NAME Britton, Milo C.

STREET ADDRESS 6501 Arlington Expewssway B209

CITY-ST-ZIP Jacksonville, FL 32211-5795

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)