

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001988

1. Entity Name

BAKER COMMUNITY COUNSELING SERVICES, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90976 003 ****61.25

Principal Place of Business

RT. 1 BOX 368
 MACCLENNY FL 32063

Mailing Address

RT. 1 BOX 368
 MACCLENNY FL 32063-9744

2. Principal Place of Business

3. Mailing Address

347 3rd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Atlantic Beach, FL

4. FEI Number

59-3570490

Applied For

Not Applicable

Zip

Country

Zip

Country

32233

USA

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

ROWE, LORETTA
 RT. 1 BOX 368
 MACCLENNY FL 32063

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 PD ☐ Delete
 NAME GRIFFITH, CAROLYN
 STREET ADDRESS 901 OCEAN BLVD., SEA PLACE 18
 CITY-ST-ZIP ATLANTIC BCH FL 32233

TITLE ☐ Change ☐ Addition
 NAME Carolyn Russell
 STREET ADDRESS 347 Third Street
 CITY-ST-ZIP Atlantic Beach, FL 32233

TITLE VD ☐ Delete
 NAME BROWN, STACY
 STREET ADDRESS 11247 SAN JOSE BLVD.
 CITY-ST-ZIP JACKSONVILLE FL 32223

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

TITLE SD ☐ Delete
 NAME BYRD, JENNIFER J
 STREET ADDRESS RT. 1 BOX 529
 CITY-ST-ZIP MACCLENNY FL 32063

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

TITLE TD ☐ Delete
 NAME ROWE, LORETTA
 STREET ADDRESS RT. 1 BOX 368
 CITY-ST-ZIP MACCLENNY FL 32063

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

TITLE D ☐ Delete
 NAME TYRE, JULIE R
 STREET ADDRESS P. O. BOX 681
 CITY-ST-ZIP LIVE OAK FL 32064

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

TITLE D ☐ Delete
 NAME FRAZIER, ROSE
 STREET ADDRESS 248 ARORA BLVD.
 CITY-ST-ZIP ORANGE PARK FL 32073

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/25/00 9046149711

CR2E037 (9/99)