JAN-13-1900 20:26

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90041 025 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000069118

1. Entity Name
BEHAVIORAL SERVICES OF OSCEOLA COUNTY, INC.

Principal Place of Business	Mailing Address
1701 MABBETTE ST BLDG 14 APT 108 KISSIMMEE FL 34741	1701 MABBETTE ST BLDG 14 APT 108 KISSIMMEE FL 34741

2. Principal Place of Business	3. Mailing Address
1104 CRAIG CT	1104 CRAIG CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST CLOUD FL	City & State: ST CLOUD FL
Zip: 34772 Country: USA	Zip: 34772 Country: USA

4. FEI Number: 59-3659378 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, JOHN R
1701 MABBETTE ST BLDG 14 APT 108
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 1104 CRAIG CT

City ST CLOUD FL Zip Code 34772

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] 5-1-01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, JOHN R ~~1701 MABBETTE ST BLDG 14 APT 108~~ ~~KISSIMMEE FL 34741~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 1104 CRAIG CT ST CLOUD FL 34772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 5-01-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TOTAL P.02