

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90101 049 ***150.00

DOCUMENT # P02000072333

1. Entity Name
GULF BREEZE BEHAVIORAL HEALTH OFFICES, INC.



Principal Place of Business
**203 NORTHCLIFF DRIVE
GULF BREEZE FL 32561**

Mailing Address
**203 NORTHCLIFF DRIVE
GULF BREEZE FL 32561**

2. Principal Place of Business
400 Gulf Breeze Parkway

3. Mailing Address

Suite, Apt. #, etc.
Suite 303

Suite, Apt. #, etc.

City & State
Gulf Breeze, FL

City & State

Zip
32561

Country
U.S.

Zip

Country

4. FEI Number
75-3069708

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GIBSON, JEAN H DR.
203 NORTHCLIFF DRIVE
GULF BREEZE FL 32561**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Jean H. Gibson President**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-31-03

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: **Jean H. Gibson** **3-30-03** **850-934-4523**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)