

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90016 048 ***150.00

DOCUMENT # P94000001241

1. Entity Name

ADVANCED BEHAVIORAL HEALTH CARE, INC.

Principal Place of Business

**1105 SEVENTH AVE. NORTH
 ST. PETERSBURG FL 33705**

Mailing Address

**1105 SEVENTH AVE. NORTH
 ST. PETERSBURG FL 33705**

2. Principal Place of Business

6527 - 1st Avenue So.

3. Mailing Address

6527 - 1st Avenue So.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, Fl

City & State

St. Petersburg, Fl

4. FEI Number

59-3240339

Applied For

Not Applicable

Zip
33707

Country
Pinellas

Zip
33707

Country
Pinellas

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

**VARNADOE, KENNETH W
 1105 SEVENTH AVE. NORTH
 ST. PETERSBURG FL 33705**

Name

VARNADOE, KENNETH W

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

6527 - 1st Avenue So.

City

St. Petersburg,

FL

Zip Code
33707

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

2/22/2001

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	D	<input type="checkbox"/> Delete
NAME	JACOBSON, JEFFREY M	
STREET ADDRESS	4942 FIRST AVE. NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	D	<input type="checkbox"/> Delete
NAME	VARNADOE, KENNETH W	
STREET ADDRESS	1105 SEVENTH AVE. NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBSON, JEFFREY M	
STREET ADDRESS	1917 Tyrone Blvd. No.	
CITY-ST-ZIP	St Petersburg, Fl 33709	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARNADOE, KENNETH W	
STREET ADDRESS	6527 - 1st Ave. So.	
CITY-ST-ZIP	St. Petersburg, Fl 33707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/2001

Date

727 823-2691

Daytime Phone #

CR2E034 (10/00)