

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000033262**

1. Entity Name

BAYCARE BEHAVIORAL HEALTH CENTERS, INC.**FILED**
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90088 011 ***150.00

Principal Place of Business

2480 E BAY DR
STE 11
LARGO FL 33771
US

Mailing Address

1831 N. BELCHER RD.
STE F-1
CLEARWATER FL 33765
US

2. Principal Place of Business

2631 MCCORMICK DRIVE

Suite, Apt. #, etc.

SUITE 102

City & State

CLEARWATER, FLORIDA

Zip

33759

Country

USA

3. Mailing Address

2631 MCCORMICK DRIVE

Suite, Apt. #, etc.

SUITE 102

City & State

CLEARWATER, FLORIDA

Zip

33759

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3311295**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

COATES, BOBBY L
2631 MCCORMICK DR.
STE 102
CLEARWATER FL 33755

7. Name and Address of New Registered Agent

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 re-appointing)

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **COATES, BOBBY L**
STREET ADDRESS **1831 N. BELCHER RD., STE F-1**
CITY-ST-ZIP **CLEARWATER FL 33765**TITLE **VPS** ☐ Delete
NAME **COATES, DEBORAH R**
STREET ADDRESS **1831 N. BELCHER RD., STE F-1**
CITY-ST-ZIP **CLEARWATER FL 33765**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

BOBBY L. COATES

4/23/01

Date

727-797-7771

Daytime Phone #

CR2E034 (10/00)