

# 2002 UNIFORM BUSINESS REPORT (UBR)

0455180 AV

DOCUMENT # P95000033262

1. Entity Name  
BAYCARE BEHAVIORAL HEALTH CENTERS, INC.

FILED

02 APR 30 PM 12: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2631 MCCORMICK DR  
STE 102  
CLEARWATER FL 33759  
US

Mailing Address

2631 MCCORMICK DR  
STE 102  
CLEARWATER FL 33759  
US

2. Principal Place of Business

2637 McCormick Dr.  
Suite, Apt. #, etc.

3. Mailing Address

Same as Principal  
Address

City & State

Clearwater, FL

City & State

Zip Country

33759

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 Thurman, Nancy J  
Street Address (P.O. Box Number is Not Acceptable)

2637 McCormick Dr  
City Clearwater FL Zip Code 33759

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 Nancy J. Thurman  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/29/02  
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, 2002 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

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-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2637 McCormick Dr.  
CITY-ST-ZIP Clearwater, FL 33759

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2637 McCormick Dr.  
CITY-ST-ZIP Clearwater, FL 33759

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

TITLE ☐ 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 empowerments.

SIGNATURE:

Bobby L. Coates  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 727-669-4522  
Date Daytime Phone #

CR2E034 (9/01)