2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2001 8:00 am
Secretary of State
01-16-2001 90077 032 ***150.00

0490159

DOCUMENT # P95000073349

1. Entity Name
CHRISTIAN BEHAVIORAL HEALTH SPECIALISTS, INC.

D0003769

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2231 N UNIVERSITY DR. C PEMBROKE PINES FL 33204	2231 N UNIVERSITY DR. C PEMBROKE PINES FL 33204

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0607594 ☐ Applied For ☑ Not Applicable

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

6. Name and Address of Current Registered Agent

TOURNILLOW, PHILIP
2231 N. UNIVERSITY DR.
C
PEMBROKE PINES FL 33204

7. Name and Address of New Registered Agent

Name DeTourNillon, Philip
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 Denise Canchola / Philip deTournillon 1-08-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required if Item 7 filled) DATE
Denise CANCHOLA / Philip deTournillon

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 CANCHOLA, DENISE 2231 N UNIVERSITY SUITE C PEMBROKE PINES FL 33131	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DETOURNILLION, T 2231.N. UNIVERSITY SUITE C PEMBROKE FL 33181	☐ Delete	DeTourNillon, P.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/00)

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: Denise Canchola 1-8-01 (954) 962-9090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Denise CANCHOLA