

2000 UNIFORM BUSINESS REPORT (UBR)

6

FILED

Jul 05, 2000 8:00 am
Secretary of State

06-05-2000 90008 034 ***150.00

DOCUMENT # P97000031722

1. Entity Name

BAY AREA MENTAL HEALTH SERVICES, P.A.

R

Principal Place of Business

Mailing Address

906 SOUTH FORT HARRISON AVE
CLEARWATER FL 33756
US

906 SOUTH FORT HARRISON AVE
CLEARWATER FL 33756-3904
US

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

59-3437692

Applied For

Not Applicable

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

GASSMAN, ADAM S
1245 COURT ST STE 102
CLEARWATER FL 34616

Name

~~Smith, Tom~~ Richard J. Daly

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

~~150 and Ave North, Ste 1100~~
906 South Fort Harrison Avenue

City

~~South Fort Harrison~~ Clearwater FL

Zip Code

33756

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

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, 2000 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	<input type="checkbox"/> Delete
NAME	DALY, RICHARD J
STREET ADDRESS	906 SOUTH FORT HARRISON AVENUE
CITY-ST-ZIP	CLEARWATER FL 33756
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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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

Date

Daytime Phone #

4/28/00 (723) 461-0135

CR2E034 (9/99)