

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90013 025 ***150.00

814276



DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000069031

1. Entity Name
ALTERNATIVE BEHAVIORAL CONCEPTS, INC.

| | |
|--|---|
| Principal Place of Business 217 AVERY D WEST AUBURDALE FL 33823-5707 | Mailing Address PO BOX 1057 LAKE ALFRED FL 33850-1057 |
|--|---|

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

| | | |
|---|---|---|
| 4. FEI Number 59-3463137 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |

6. Name and Address of Current Registered Agent

JORDAN, KEITH A
~~720 S. GLENCRUITEN AVE.~~ *217 Avery Dr W.*
~~LAKE ALFRED FL 33850~~ *Auburndale, FL*
33850

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]* DATE *2-17-00*

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

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

| | |
|----------------|---|
| TITLE | P <input type="checkbox"/> Delete |
| NAME | BORDEN, CHERYL A |
| STREET ADDRESS | 720 S GLENCRUITEN AVE <i>217 Avery Dr W.</i> |
| CITY-ST-ZIP | LK ALFRED FL 33850 <i>Auburndale FL 33850</i> |
| TITLE | V <input type="checkbox"/> Delete |
| NAME | JORDAN, KEITH A |
| STREET ADDRESS | 720 S GLEN CRUITEN AVE <i>217 Avery Dr W.</i> |
| CITY-ST-ZIP | LK ALFRED FL 33850 <i>Auburndale, FL 33850</i> |
| 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 | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| 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 | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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]* DATE: *2-17-00* DAYTIME PHONE #: *863-551-3300*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)