

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 07, 2003 8:00 am
Secretary of State

07-07-2003 90145 035 ***150.00

0640284 AT

DOCUMENT # **P97000069031**

1. Entity Name
ALTERNATIVE BEHAVIORAL CONCEPTS, INC.



Principal Place of Business
**217 AVERY D WEST
AUBURNDALE FL 33823-5707**

Mailing Address
**PO BOX 1057
LAKE ALFRED FL 33850-1057**



2. Principal Place of Business
980 Berkeley Rd
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 1057
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Auburndale, FL

City & State
LA FL

4. FEI Number **59-3463137**

Applied For
 Not Applicable

Zip
33823

Country
POLL

Zip
33850

Country
POLL

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

**JORDAN, KEITH A
217 AVERY DR W.
AUBURNDALE FL 33850**

Name **Keith A. Jordan**

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

720 S. Glencairn Ave

City **LA**

FL

Zip Code **33850**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

4-17-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
NAME **BORDEN, CHERYL A**
STREET ADDRESS **217 AVERY DR W**
CITY-ST-ZIP **AUBURNDALE FL 33850**

TITLE **President** Change Addition
NAME **Borden-Jordan Cheryl A**
STREET ADDRESS **720 S. Glencairn Ave**
CITY-ST-ZIP **LA, FL. 33850**

TITLE **V** Delete
NAME **JORDAN, KEITH A**
STREET ADDRESS **217 AVERY DR W**
CITY-ST-ZIP **AUBURNDALE FL 33850**

TITLE **V.P.** Change Addition
NAME **Jordan, Keith**
STREET ADDRESS **720 S. Glencairn Ave**
CITY-ST-ZIP **LA, FL. 33850**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ST. OFFICER REQUIRED**

4-17-03 863-557-3300

Date Daytime Phone #

CR2E034 (10/02)