

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000033981

1. Entity Name

BEHAVIORAL HEALTH CARE MANAGEMENT SYSTEMS, INC.

FILED

Sep 07, 2000 8:00 am  
Secretary of State

09-07-2000 90064 036 \*\*\*150.00

Principal Place of Business

2917 NORTH PINE HILLS ROAD  
ORLANDO FL 32808

Mailing Address

2917 NORTH PINE HILLS ROAD  
ORLANDO FL 32808

2. Principal Place of Business

3. Mailing Address

PO Box 9217

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tallahassee Florida

Zip

Country

Zip

Country

32315

Leon

4. FEI Number

65-0833098

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

BERRY, RAY  
2107 N. 14TH AVENUE  
HOLLYWOOD FL 33020

Name

Courtney Leider

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

2107 N. 14th Ave

City

Hollywood

FL

Zip Code

33020

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

8/31/00

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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	P	<input checked="" type="checkbox"/> Delete
NAME	BERRY, RAY T	
STREET ADDRESS	2107 N. 14TH AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	TS	<input type="checkbox"/> Delete
NAME	MCGARRY, NEAL A	
STREET ADDRESS	1715 S. GADSDEN ST.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Courtney L. Leider	
STREET ADDRESS	2107 N. 14th Ave	
CITY-ST-ZIP	Hollywood FL 33020	
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		

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/31/00

954 924 2565

CR2E034 (5/00)

**Christopher B. Brooks,  
Certified Public Accountant**

315 South Calhoun Street, suite 350  
Tallahassee, Florida 32301

Telephone 850 222-9440  
Facsimile 850 222-2702

*Attachment doc #  
P 98000035781  
A0075665*

August 31, 2000

Florida Department of State  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, Florida 32302-1500

RE: Behavioral Healthcare Management Systems, Inc.  
2917 North Pine Hills Road  
Orlando, Florida 32808

Dear Sir or Madam:

Enclosed please find a check in the amount of \$150.00 and a completed 2000 Uniform Business Report. Please accept this as timely filed without penalty due to extraordinary circumstances. The principle and directors do not live in the same city as the corporation. Both the principle and the director have been out of the country for an extended time during the calendar year 2000.

The principles relied on a bookkeeper for some of the administrative tasks. She fell behind in her duties and is no longer employed. There have been several other filings that have been overlooked such as grant contracts and Medicare filings. We have had most penalties abated from these agencies due to the circumstances.

I am changing the mailing address to my PO Box to insure this is timely filed in the future.

Thank you for your consideration into this matter.

Sincerely,



Christopher B. Brooks  
Certified Public Accountant