

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000012803**

1. Entity Name

ADAIR PSYCHIATRIC SERVICES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 NOV 15 PM 5:28

C0101035

Principal Place of Business

2001 SW LANCE AVE.
PORT ST. LUCIE FL 34953

Mailing Address

2001 SW LANCE AVE.
PORT ST. LUCIE FL 34953

2. Principal Place of Business

747 Hunters Run Blvd.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland, Florida

City & State

4. FEI Number

65-0889216

Applied For

Not Applicable

Zip

33809

Country

USA

Zip

Country

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

ADAIR, DONNA W
2001 SW LANCE AVE.
PORT ST. LUCIE FL 34953747 Hunters Run Blvd
Lakeland, Fla 33809

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

Donna W. Adair

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 \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ DeleteNAME Donna W. Adair
STREET ADDRESS 747 Hunters Run Blvd.
CITY-ST-ZIP Lakeland, FL 33809TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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:

Donna W. Adair

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (5/00)

Attachment
9/11/00 # P99000612803
COT01035

To Whom It May Concern,

My daughter (31 yrs old) suffered a stroke and I have been caring for her and her four daughters. We have moved and somehow during the move this paperwork was misplaced. My CPA came out during the past week-end to help me sort these things and try to help me get organized again.

I have enclosed a check for \$150⁰⁰ and am pleading mercy and forgiveness on the late fee. There was no business conducted under this corporation for quite some time. I have opened a new bank account in the business name.

I assure you I will pay promptly next year.

Sincerely

Denna W. Adair