

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V60152

1. Entity Name

HAMLIN PSYCHOTHERAPY ASSOCIATES, INC.

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90015 015 \*\*\*150.00

Principal Place of Business

Mailing Address

3521 FOX SQUIRREL LANE  
VALRICO FL 33594  
US

3521 FOX SQUIRREL LANE  
VALRICO FL 33594-8256  
US

2. Principal Place of Business

4801 Osprey Drive  
Suite, Apt. #, etc.  
# 608

3. Mailing Address

4801 Osprey Drive  
Suite, Apt. #, etc.  
# 608



DO NOT WRITE IN THIS SPACE

City & State  
St. Petersburg, FL

City & State  
St. Petersburg, FL

4. FEI Number 59-3140308

Applied For  
Not Applicable

Zip Country  
33711 USA

Zip Country  
33711 USA

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

DURKIN, WILLIAM H  
DURKIN & MASON, CPA'S  
106 W. WINDHORST RD. #101  
BRANDON FL 33510

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, 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	DP	<input type="checkbox"/> Delete
NAME	HAMLIN, LINDA	
STREET ADDRESS	3521 FOX SQUIRREL LANE	
CITY-ST-ZIP	VALRICO FL	
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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hamlin Linda	
STREET ADDRESS	4801 Osprey Dr. #608	
CITY-ST-ZIP	St. Petersburg, FL 33711	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Linda M. Hamlin - Linda M. Hamlin 2-15-00 654-7320 (813)

CR2E034 (9/99)