

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726520

1. Entity Name

THE GUIDANCE CLINIC OF THE MIDDLE KEYS, INC.

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

02-08-2000 90141 044 ****61.25

Principal Place of Business

Mailing Address

3000 41ST STREET OCEAN
MARATHON FL 33050

3000 41ST STREET OCEAN
MARATHON FL 33050-2373

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1458324

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICE DAVID P PH.D
3000 41ST STREET OCEAN
MARATHON FL 33050

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

FILE NOW:
SEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------------------|--|
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | HANSEN, GEORGE | |
| STREET ADDRESS | 29559 RANGER | |
| CITY-ST-ZIP | BIG PINE KEY FL | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | PUTO, MICHAEL | |
| STREET ADDRESS | 700 89TH STREET OCEAN | |
| CITY-ST-ZIP | MARATHON FL 33050 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | LOCKWOOD, ANNA | |
| STREET ADDRESS | 159 S BAHAMA DR | |
| CITY-ST-ZIP | MARATHON, FL 00000 33050 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | SIMPSON, GEORGE | |
| STREET ADDRESS | 259K GOODLEY ST. 258 K Goodley St | |
| CITY-ST-ZIP | MARATHON FL 33050 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FREEMAN, BATEMAN | |
| STREET ADDRESS | 1334 MARLIN DRIVE | |
| CITY-ST-ZIP | MARATHON FL 33050 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MCDONALD, WILLIAM | |
| STREET ADDRESS | 451 89TH ST. OCEAN | |
| CITY-ST-ZIP | MARATHON FL 33050 | |

| | | |
|----------------|----------------------------|--|
| TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Lynn Mapes | |
| STREET ADDRESS | 57723 Morton St. | |
| CITY-ST-ZIP | Marathon, FL 33050 | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Robert DeField, DVM | |
| STREET ADDRESS | 11425 Overseas Hwy. | |
| CITY-ST-ZIP | Marathon, FL 33050 | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | David Manz | |
| STREET ADDRESS | 5800 Overseas Hwy. | |
| CITY-ST-ZIP | Marathon, Fl 33050 | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Marjorie Mearns | |
| STREET ADDRESS | 400 70th Street, Gulf | |
| CITY-ST-ZIP | Marathon, FL 33050 | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Addy Perez-Feria | |
| STREET ADDRESS | PO Box 28 | |
| CITY-ST-ZIP | Key Colony Beach, FL 33051 | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Trish Worthington | |
| STREET ADDRESS | 5601 Overseas Hwy. | |
| CITY-ST-ZIP | Marathon, FL 33050 | |

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 617, 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: Michael Hansen REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/00