

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735186

1. Entity Name

FLORIDA COUNCIL FOR COMMUNITY MENTAL HEALTH, INC

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90015 007 ****61.25

Principal Place of Business 316 E PARK AVE TALLAHASSEE FL 32301 US	Mailing Address 316 E PARK AVE TALLAHASSEE FL 32301-1514 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1657087	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CONSTANTINE, ROBERT J PH.D.
316 E PARK AVE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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:
FEE 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

TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHIMMEL, DAVID	
STREET ADDRESS	6075 GOLDEN GATE PARKWAY	
CITY-ST-ZIP	NAPLES FL 33999	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RONIK, STEVE	
STREET ADDRESS	4740 N SR 7	
CITY-ST-ZIP	FT LAUDERDALE FL 33319	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	BROWN, MARSHA L	
STREET ADDRESS	12152 NO. BB DOWNS BLVD	
CITY-ST-ZIP	TAMPA FL 33162	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MARSHA LEWIS BROWN	
STREET ADDRESS	12512 N. BRUCE B. DOWNS BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CONSTANTINE, ROBERT J PH.D.	
STREET ADDRESS	316 E. PARK AVENUE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RUIZ, MARY	
STREET ADDRESS	P.O. BOX 9478	
CITY-ST-ZIP	BRADENTON FL 34206	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	(same)	
STREET ADDRESS	(same)	
CITY-ST-ZIP	(same)	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	(same)	
STREET ADDRESS	(same)	
CITY-ST-ZIP	(same)	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jon Cherry	
STREET ADDRESS	434 W. Kennedy Blvd.	
CITY-ST-ZIP	Orlando, FL 32810	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jerry Feulner	
STREET ADDRESS	P.O. Box 538350	
CITY-ST-ZIP	Orlando, FL 32853	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *(Signature)* **SIGNATURE REQUIRED** *3/9/00* *(800)224-6048*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)