

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 27, 2001 8:00 am**  
**Secretary of State**

07-27-2001 90006 032 \*\*\*\*70.00

**DOCUMENT #** 735870  
**1. Entity Name**  
 Osceola Mental Health, Inc.  
 dba Park Place Behavioral Health Care

**Principal Place of Business**      **Mailing Address**  
 206 Park Place Blvd.  
 Kissimmee, FL 34741      P.O. Box 421816  
    Kissimmee, FL 34741

**2. Principal Place of Business**      **3. Mailing Address**  
 206 Park Place Blvd.  
 Suite, Apt. #, etc.      P.O. Box 421816  
    Suite, Apt. #, etc.

**City & State**  
 Kissimmee, Florida      Kissimmee, Florida

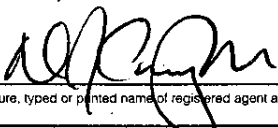
**4. FEI Number**      **Applied For**  
 59-1677912       Not Applicable

**5. Certificate of Status Desired**       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 Campbell, David J.  
 230 E. Monument Ave.  
 Kissimmee, FL 34741

**7. Name and Address of New Registered Agent**  
**Name** Christopher Bell, President/CEO  
**Street Address (P.O. Box Number is Not Acceptable)** 206 Park Place Blvd  
**City** Kissimmee      **FL**      **Zip Code** 34741

**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.**

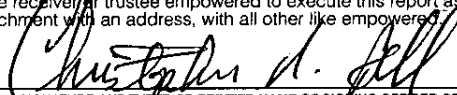
**SIGNATURE**       **D.J. Campbell, Ex.VP/COO**      **7/11/01**  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**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	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Cook, Janet <input checked="" type="checkbox"/> Delete P.O. Box 450311 (N/A) Kissimmee, FL 34745-0311
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Cook, Janet <input checked="" type="checkbox"/> Delete 1716 Woodside Court Kissimmee, FL 34744
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Campbell, David J. <input checked="" type="checkbox"/> Delete 1589 Twelve Oaks Circle Kissimmee, FL 34744
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Delete Bell, Christopher 14501 S. Orange Blossom Trail Orlando, FL 32837
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Chairman <input type="checkbox"/> Delete Tompkins, Marcia 1731 Boggy Creek Rd. Kissimmee, FL 34744
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Vice Chairman <input type="checkbox"/> Delete Reading, Alecia 705 W. Emmett Street Kissimmee, FL 34741

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	2nd Vice Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Goodwin-Nichols, Linda 931 West Oak Street Kissimmee, FL 34741
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Cole, Kevin 719 Park Lake Circle Orlando, FL 32803
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Miranti, Joe 4442 Rummel Road St. Cloud, FL 34769
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Turner, Michael 1300 Ninth Street St. Cloud, FL 34769-3399
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Waller, Margaret 1595 Twelve Oaks Circle Kissimmee, FL 34744
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Smith, Nancy 1201 W. Emmett Street Kissimmee, FL 34741

**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:**       **Christopher Bell, Pres./CEO**      **7/11/01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (11/00)

**PARK PLACE BEHAVIORAL HEALTH CARE**

attachment  
OH# 735870  
Bo 06/08/19

**OFFICERS**

**CHAIRPERSON**

**Marcia K. Tompkins**  
1731 Boggy Creek Road  
Kissimmee, FL 34744  
(407) 932-0667 – Business  
(407) 847-9889 – Home  
(407) 932-4426-FAX  
(407) 973-9606 – C-Phone

**VICE CHAIRPERSON**

**Alecia Reading**  
705 W. Emmett Street  
Kissimmee, FL 34741  
(407) 846-0075 – Office  
(407) 846-3172 – FAX  
Attorney

**2<sup>ND</sup> VICE CHAIRPERSON**

**Linda Goodwin-Nichols**  
931 West Oak Street  
Kissimmee, FL 34741  
(407) 846-2787 – Business  
(407) 870-7420 – FAX  
(407) 399-8963 – C-Phone  
President - Goodwin Realty & Associates

**SECRETARY / TREASURER**

(Vacant)

**DIRECTORS**

**Kevin Cole**

719 Park Lake Circle  
Orlando, FL 32803  
(407) 896-0297 – Home  
(407) 896-6098 – FAX  
(407) 932-6536 – Beeper  
(407) 491-8890 – C-Phone

**Joe Miranti**

4442 Rummel Road  
St. Cloud, FL 34769  
(407) 892-5348 – Business  
(407) - FAX  
Owner – Artistic Engraving

**Michael Turner, CPA**

City of St. Cloud  
1300 Ninth Street  
St. Cloud, FL 34769-3399  
(407) 957-7310 – Business  
(407) 957-7353 – FAX  
Director of Finance

**Margaret T. Waller**

1595 Twelve Oaks Circle  
Kissimmee, FL 34744  
(407) 343-2499 – Office  
(407) 343 – 2519 – FAX  
Judge

**Nancy Smith**

1201 W. Emmett Street  
Kissimmee, FL 34741  
(407) 847-5127 – Business  
(407) 846-1507 – FAX