

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739141

1. Entity Name

MENTAL HEALTH RESOURCE CENTER, INC.

**FILED**  
**Mar 04, 2002 8:00 am**  
**Secretary of State**

03-04-2002 90025 019 \*\*\*\*70.00

Principal Place of Business

Mailing Address

11820 BEACH BOULEVARD  
P.O. BOX 19249  
JACKSONVILLE FL 32246  
US

P.O. BOX 19249  
JACKSONVILLE FL 32245  
US

000401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

900 University Boulevard N.

Suite, Apt. #, etc.

Suite 700

City & State

Jacksonville, FL

Zip

32211

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1905344

Applied For

Not Applicable

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

SOMMERS, ROBERT PHD MBA  
900 UNIVERSITY BLVD N. SUITE 700  
JACKSONVILLE FL 32211

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
LOAR, KENTON  
10407 CENTURIAN PARKWAY NORTH  
JACKSONVILLE FL 32256 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
LEWIS, CHARLES W DR  
5307 FLEET LANDING BLVD  
ATLANTIC BEACH FL 32233 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MAULDIN, OLIN M  
101 WEST 12TH ST  
JACKSONVILLE FL 32206 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
SOMMERS, ROBERT  
900 UNIVERSITY BLVD N. SUITE 700  
JACKSONVILLE FL 32211 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VCD  
BREW, RICHARD  
1301 RIVERPLACE BLVD, #200  
JACKSONVILLE FL 32207 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
LECLERC, DONALD  
236 HOLLY COURT  
JACKSONVILLE FL 32218 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*Robert Sommers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR

February 22, 2002 (904)743-1883

Date

Daytime Phone #

CR2E037 (9/01)