

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762852

1. Entity Name

DAVID LAWRENCE MENTAL HEALTH CENTER, INC.

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

02-08-2000 90054 028 ****61.25

Principal Place of Business

6075 GOLDEN GATE PARKWAY
NAPLES FL 34116
US

Mailing Address

6075 GOLDEN GATE PARKWAY
NAPLES FL 34116-7454

C0017973



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2206025

Applied For
Not Applied

Zip

Country

Zip

Country

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

SCHIMMEL, DAVID C.
6075 GOLDEN GATE PARKWAY
NAPLES FL 34116

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

David C. Schimmel DAVID C. Schimmel CEO 1-10-00
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 P ☐ Delete
NAME MORRIS, MICHAEL
STREET ADDRESS 400 4TH AVE N
CITY-ST-ZIP NAPLES FL 34102

TITLE ☒ Change ☐
NAME D
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME GAST, JOHN
STREET ADDRESS 850 PARKSHORE DR; TRAINON CENTRE; 3RD FLR
CITY-ST-ZIP NAPLES FL 34103

TITLE ☒ Change ☐
NAME D
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME KELLY, SHAUN
STREET ADDRESS 801 ANCHOR RODE DR
CITY-ST-ZIP NAPLES FL 34103

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

TITLE NPD ☐ Delete
NAME BOYD, KIM RODGERS
STREET ADDRESS 405 5TH AVE SOUTH SUITE 6
CITY-ST-ZIP NAPLES FL 34102

TITLE ☒ Change ☐
NAME
STREET ADDRESS 15600 Water Oak Court
CITY-ST-ZIP Punta Gorda, FL 33982

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐
NAME SD
STREET ADDRESS Pezeshkan, Linda
CITY-ST-ZIP P.O. Box 7075
NAPLES, FL 34101-7075

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒
NAME VD
STREET ADDRESS Abernathy, Kenneth
CITY-ST-ZIP 4200 Belair Lane #108
NAPLES, FL 34103

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David C. Schimmel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-00 354142
Date Daytime Phone #