2000 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
Apr 27, 2000 8:00 am
Secretary of State
01-25-2000 90125 040 ****70.00

DOCUMENT # N05525

1. Entity Name

NATIONAL ALLIANCE FOR THE MENTALLY ILL OF SARASO

Principal Place of Business	Mailing Address
NAT'L ALLIANCE FOR THE MENTALLY ILL 101 W VENICE AVE #24 VENICE FL 34285 US	NAT'L ALLIANCE FOR THE MENTALLY ILL 101 W VENICE AVE #24 VENICE FL 34285-1940 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 2100 Constitution Blvd	Suite, Apt. #, etc.: 2590 Flower Rd
City & State: Sarasota, FL	City & State: Venice, FL
Zip: 34231 Country: USA	Zip: 34293 Country: USA

4. FEI Number: 59-2464505 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, LIZ
2590 FLOWER RD.
VENICE FL 34293

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: Liz Jones, Treasurer Liz Jones 1-18-2000
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	PD JONES, LIZ 2590 FLOWER RD VENICE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T 	Treasurer 	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ARMSTRONG, STEVIE 5809 BRIARWOOD AVE. SARASOTA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD 	President STEVE 	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD TONE, ROBERT 2247 PINEVIEW CIR SARASOTA FL 34231	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD→ 	Vice President Robert P. Tone 3830 Malec Circle 34233	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JEFFREY, MARY 978 LAKESIDE CT VENICE FL 34293	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD→ 	Joyce Tone Secretary 3830 Malec Circle Sarasota, FL 34233	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD→ 	Vice President Anne H. Coelingh 3450 Hamilton Ave Sarasota, FL 34242	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Liz Jones SIGNATURE REQUIRED Liz Jones 1-18-2000 941-493-5018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #