

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003092

1. Entity Name

THE MID-FLORIDA CENTER FOR MENTAL HEALTH AND SUB

FILED
Jun 13, 2000 8:00 am
Secretary of State

06-13-2000 90001 032 ****61.25

Principal Place of Business

Mailing Address

POST OFFICE BOX 33
AVON PARK FL 33826

POST OFFICE BOX 33
AVON PARK FL 33826-0033

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

59-3458995

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COX, ARTHUR J JR.
2120 STARR ROAD 17
AVON PARK FL 33825

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 PD ☐ Delete
NAME LEWIS, CLIFTON
STREET ADDRESS 790 WALDEN AVE.
CITY-ST-ZIP BARTOW FL 33830

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

TITLE VPT ☐ Delete
NAME LEE, DESI
STREET ADDRESS 1803 GARLAND AVE.
CITY-ST-ZIP SEBRING FL 33870

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

TITLE SD ☒ Delete
NAME HUNT, MARVIN
STREET ADDRESS 901 S. LOVELA AVE
CITY-ST-ZIP AVON PARK FL 33825

TITLE SD ☐ Change ☒ Addition
NAME Katrina Lunsford
STREET ADDRESS
CITY-ST-ZIP

TITLE PARL ☐ Delete
NAME COX, ARTHUR J JR
STREET ADDRESS 2120 SR 17
CITY-ST-ZIP AVON PARK FL 33825

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

TITLE DM ☒ Delete
NAME SMITH, DOUGLAS
STREET ADDRESS 4614 SANTA BARBARA DR
CITY-ST-ZIP SEBRING FL 33872

TITLE DM ☐ Change ☒ Addition
NAME Margaret Cooper
STREET ADDRESS
CITY-ST-ZIP

TITLE DM ☐ Delete
NAME MCGAHEE, SELVIN
STREET ADDRESS P.O. BOX 1302 N/A
CITY-ST-ZIP SEBRING FL 33871

TITLE ☐ Change ☐ 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/08/00

(863) 314-8833