

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34005

1. Entity Name

FLORIDA ASSOCIATION OF MENTAL HEALTH ADMINISTRAT

Principal Place of Business

11254 58TH ST NO
PINELLAS PARK FL 33782
US

Mailing Address

11254 58TH ST NO
PINELLAS PARK FL 33782-2213
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WENNLUND, GERALD F
11254 58TH ST NO
PINELLAS PARK FL 33782

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

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

TITLE D ☐ Delete
NAME FRISCH, JACK A. PHD.
STREET ADDRESS 919 NE 13TH STREET
CITY-ST-ZIP FT. LAUDERDALE FL 33304

TITLE D ☐ Delete
NAME WEDEKIND, TOM
STREET ADDRESS 11254 58TH STREET NORTH
CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE PD ☐ Delete
NAME WENNLUND, GERALD F
STREET ADDRESS 11254 58TH ST NO
CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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 Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90063 017 ****70.00

00011734



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0183166

Applied For

Not Applied

5. Certificate of Status Desired



\$8.75 Additional
Fee Required