

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 713096**

1. Entity Name

**THE MENTAL HEALTH CENTER OF JACKSONVILLE, INC.**

Principal Place of Business

**3333 20TH ST WEST  
JACKSONVILLE FL 32208**

Mailing Address

**P.O. BOX 19189  
JACKSONVILLE FL 32245-9189  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-0879642**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****SIKORA, GREGORY J  
900 UNIVERSITY BLVD N.  
STE 700  
JACKSONVILLE FL 32111****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 NAME STREET ADDRESS CITY-ST-ZIP	CD GREGORY, E.C. 11434 YELLOW TAIL COURT JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD FLAGG, EUGENE 4271 MCDANIEL DRIVE JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANDERS, DEBORAH 11425 HOBART BLVD. JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEWIS, CHARLES W. 5307 FLEET LANDING BLVD. ATLANTIC BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Donald LeClerc 236 Holly Court Jacksonville, FL 32218	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Sommers 900 University Blvd. N., Suite 700 Jacksonville, FL 32211	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 OR DIRECTOR

Robert Sommers, 03/01/2000 (904) 743-1883

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)