

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90035 048 ****70.00

DOCUMENT # 713096

1. Entity Name

THE MENTAL HEALTH CENTER OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

3333 20TH ST WEST
 JACKSONVILLE FL 32208

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

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

59-0879642

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

SIKORA, GREGORY J
900 UNIVERSITY BLVD N.
STE 700
JACKSONVILLE FL 3211

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 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 |

| | | |
|--|---|--|
| 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

Date

Daytime Phone #

CR2E037 (9/99)