

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2002 8:00 am**  
**Secretary of State**

03-04-2002 90018 001 \*\*\*\*70.00

**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

**900 University Boulevard N.**

Suite, Apt. #, etc.

**Suite 700**

City & State

**Jacksonville, FL**

Zip

**32211**

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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 3211**

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 ☐ Delete  
NAME **CD**  
STREET ADDRESS **GREGORY, E.C.**  
CITY-ST-ZIP **12874 DUNES COURT  
JACKSONVILLE FL 32225**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **FLAGG, EUGENE**  
CITY-ST-ZIP **4271 MCDANIEL DRIVE  
JACKSONVILLE FL**

TITLE ☐ Delete  
NAME **SD**  
STREET ADDRESS **LECLERC, DONALD**  
CITY-ST-ZIP **236 HOLLY COURT  
JACKSONVILLE FL 32218**

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **LEWIS, CHARLES W.**  
CITY-ST-ZIP **5307 FLEET LANDING BLVD.  
ATLANTIC BEACH FL**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **SOMMERS, ROBERT**  
CITY-ST-ZIP **900 UNIVERSITY BLVD. N., STE 700  
JACKSONVILLE FL 32211**

TITLE ☐ Delete  
NAME **VCD**  
STREET ADDRESS **WEIR, PETER B**  
CITY-ST-ZIP **301 W BAY STREET  
JACKSONVILLE FL 32202**

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 **T D**  
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: Robert Sommers, Ph.D** February 22, 2002 (904)743-1883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)