2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State
03-14-2000 90062 017 ****61.25

DOCUMENT # 716173

1. Entity Name

LEE MENTAL HEALTH CENTER, INC.

Principal Place of Business	Mailing Address
2789 ORTIZ AVE FORT MYERS FL 33905-7806 US	2789 ORTIZ AVE FORT MYERS FL 33905-7806 US

DO NOT WRITE IN THIS SPACE

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 59-1287693 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAZURKIEWICZ, JOSEPH 3206 SW 7TH PL CAPE CORAL FL 33914	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		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted]	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CABAI, JOAN 1475 N LARKWOOD SQ FT MYERS FL 33919	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUVAL, FRANK 247 CONNECTICUT AVE FT MYERS FL 33905	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Madelyn Isaacs 19501 Treeline Ave. South Ft. Myers, FL 33965-6565	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARMON, ELIZABETH 1592 COVINGTON CIR FT MYERS FL 33919	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLS, HELEN 7835 SE 16TH PL CAPE CORAL FL 33904	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWEATLOCK, JOHN 18418 ORANGE CREST CT LEHIGH ACRES FL 33936	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Barbara Williams, CPA P.O. Box 1020 Ft. Myers, FL 33902	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, MARY 1260 VESPER DR FT MYERS FL 33901	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 Noble, Controller 2/23/00 941-275-3222 ext 218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #