

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90120 019 ****61.25

DOCUMENT # 716173

1. Entity Name

LEE MENTAL HEALTH CENTER, INC.

Principal Place of Business

**2789 ORTIZ AVE
 FORT MYERS FL 33905-7806
 US**

Mailing Address

**2789 ORTIZ AVE
 FORT MYERS FL 33905-7806
 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

59-1287693

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 **JANET W. EUSTIS, CEO**
 Street Address (P.O. Box Number is Not Acceptable)
2789 ORTIZ AVE SE
 City **FORT MYERS** **FL** Zip Code **33905**

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 **V** ☐ Delete
 NAME **CABAI, JOAN**
 STREET ADDRESS **1475 N LARKWOOD SQ**
 CITY-ST-ZIP **FT MYERS FL 33919**

TITLE **C** ☒ Change ☐ Addition
 NAME **CARL JOSEPH COLEMAN**
 STREET ADDRESS **PO BOX 1567**
 CITY-ST-ZIP **FORT MYERS, FL 33902**

TITLE **S** ☐ Delete
 NAME **ISAACS, MADELYN**
 STREET ADDRESS **19501 TREELINE AVE SOUTH**
 CITY-ST-ZIP **FT MYERS FL 33965-6565**

TITLE **V** ☒ Change ☐ Addition
 NAME **MADELYN ISAACS**
 STREET ADDRESS **19501 TREELINE AVE SOUTH**
 CITY-ST-ZIP **FORT MYERS, FL 33966**

TITLE **D** ☐ Delete
 NAME **HARMON, ELIZABETH**
 STREET ADDRESS **1592 COVINGTON CIR**
 CITY-ST-ZIP **FT MYERS FL 33919**

TITLE **S** ☒ Change ☐ Addition
 NAME **JAMES REILLY**
 STREET ADDRESS **3026 E. RIVERSIDE DRIVE**
 CITY-ST-ZIP **FORT MYERS, FL 33901**

TITLE **D** ☐ Delete
 NAME **NICHOLS, HELEN**
 STREET ADDRESS **7835 SE 16TH PL**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **T** ☒ Change ☐ Addition
 NAME **BARBARA A WILLIAMS CPA**
 STREET ADDRESS **PO BOX 1020**
 CITY-ST-ZIP **FORT MYERS, FL 33902**

TITLE **T** ☐ Delete
 NAME **WILLIAMS, BARBARA CPA**
 STREET ADDRESS **P O BOX 1020**
 CITY-ST-ZIP **FT MYERS FL 33902**

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

TITLE **D** ☐ Delete
 NAME **JOHNSON, MARY**
 STREET ADDRESS **1260 VESPER DR**
 CITY-ST-ZIP **FT MYERS FL 33901**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

Attachment

RUTH COOPER CENTER FOR BEHAVIORAL HEALTH CARE

Janet W. Eustis, M.S.S.A., CEO

David Winters, CFO

BOARD OF DIRECTORS OFFICERS/MEMBERS

821033
71673

Revised 02/01

Joseph Coleman, Chairman

Fowler, White, Gillen, Boggs, Villareal,
Banker, PA
PO Box 1567
Fort Myers, FL 33902
(b) 334-7892, (fax) 334-3240
(h) 433-1553

Kay MacDougall

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Fort Myers, FL 33908
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Madelyn Isaacs, Ph.D., V. Chairman

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School of Education
19501 Treeline Ave. South
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or add'l (fax) 433-5482

Major Matthew Chappelle

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(fax) 334-2539

Michael Reitman

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James Reilly, Secretary

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Joan Cabai

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1475 N. Larkwood Square
Fort Myers, FL 33901
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Marshall Bower, Esq

State Attorney's Office
P. O. Box 399
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(b) 335-2772 (fax) 335-2787

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Senator Tom Rossin

Mike Welch, Senior Aide
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Joseph Mazurkiewicz

3206 SW 7th Place
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(h & fax) 945-3735
Cell 470-5778

Frank Duval, Jr.

247 Connecticut Avenue
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(b) 415-5231 (h) 694-4776
(fax) 466-6000

Davy Crockett

Lee Memorial Health Systems
PO Box 2210
Fort Myers, FL 33902-2210
(b) 334-5316, (fax) 336-6144,
(Sec. Angela - 336-6814)
Beeper: 930-4492