

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90769 008 ****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

**EUSTIS, JANET W
2789 ORTIZ AVE SE
FORT MYERS FL 33905**

Name **Carl Joseph Coleman**

Street Address (P.O. Box Number is Not Acceptable)
2201 Second Street

5th Floor

City **Fort Myers**

FL

Zip Code
33901

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLEMAN, JOSEPH PO BOX 1567 FT MYERS FL 33902	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ISAACS, MADELYN 19501 TREELINE AVE. SOUTH FT MYERS FL 33966	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REILLY, JAMES 3026 E RIVERSIDE DRIVE FORT MYERS FL 33901	☐ Delete
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	T WILLIAMS, BARBARA CPA P O BOX 1020 FT MYERS FL 33902	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ISAACS, MADELYN 10501 FGCU BOULEVARD, S FORT MYERS, FL 33965	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC REILLY, JAMES 3026 E RIVERSIDE DRIVE FORT MYERS, FL 33901	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CROCKETT, DAVY P.O. BOX 2218 FORT MYERS, FL 33902	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, BARBARA P.O. BOX 1020 FORT MYERS, FL 33902	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD CABAI, JOAN 1475 N. LARKWOOD SQUARE FORT MYERS, FL 33901	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD SLUSHER, JIM P.O. BOX 60210 FORT MYERS, FL 33906	☐ Change ☐ 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:

SIGNATURE REQUIRED

2/24/03

CR2E037 (10/02)