2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State
04-10-2000 90066 004 ****61.25

DOCUMENT # 717744

1. Entity Name

SEMINOLE COMMUNITY MENTAL HEALTH CENTER, INC.

Principal Place of Business	Mailing Address
237 FERNWOOD BLVD FERN PARK FL 32730 US	237 FERNWOOD BLVD FERN PARK FL 32730-2113 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 59-1304471 ☐ 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
AGC CO. 200 S. ORANGE AVE STE 2300 ORLANDO FL 32804	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	VD BEAL, KAREN S 200 NORTH CORTEZ AVENUE WINTER SPRINGS FL 32708	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D San Miguel, Sandra B. 1214 Howell Creek Drive Winter Springs, FL 32708	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FRITCH, CHARLES 204 PAUL MCCLURE COURT CASSELBERRY FL 32707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Grovdahl, Elba 4381 Steed Terrace Winter Park, FL 32792	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SNEED, MARY 28 W. CENTRAL BLVD ORLANDO FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Acevedo, J. Manuel 209 North Oak Avenue, P.O. Box 937 Sanford, FL 32771	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MOGHADOS, KATHRYN 923 E. SEMORAN BLVD CASSELBERRY FL 32707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Cash, Lt. Jack 100 Bush Boulevard Sanford, FL 32773	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NEWSOME, JOSEPH 545 SUNRISE DR CASSELBERRY FL 32707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Borowski, Catherine 550 Fisher Road Winter Springs, FL 32708	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hagerty, Nancy 2530 Ekana Drive Oviedo, FL 32765	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Relyea, Michael 417 Wild Fox Drive Casselberry, FL 32707	☐ 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: Scott Griffith REQUIRED 4/4/2000 407-831-2411 x244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attach.
C0055597
#717744

2000 UNIFORM BUSINESS REPORT
SEMINOLE COMMUNITY MENTAL HEALTH CENTER, INC. EIN 59-1304471
ADDITIONAL DIRECTORS

QUESTION 11

TITLE	D
NAME	Jensen, Bernard
STREET ADDRESS	19 Village Drive
CITY, STATE, ZIP	Oviedo, FL 32765

TITLE	D
NAME	Driskell, Debbie
STREET ADDRESS	251 West Fawsett Road
CITY, STATE, ZIP	Winter Park, FL 32792

TITLE	D
NAME	Griffiths, Scott
STREET ADDRESS	360-F Ayesbury Circle
CITY, STATE, ZIP	DeLand, FL 32720

TITLE	D
NAME	Nielsen, Hal
STREET ADDRESS	5039 Bellthorn Drive
CITY, STATE, ZIP	Orlando, FL 32837

TITLE	D
NAME	Fronheiser, Susan
STREET ADDRESS	1019 Longbranch Lane
CITY, STATE, ZIP	Oviedo, FL 32765