2001 UNIFORM BUSINESS REPORT (UBR)

May 16, 2001 8:00 am, Secretary of State **DÖCUMENT # 717744** 1. Entity Name 05-16-2001 90218 019 ****70 00 SEMINOLE COMMUNITY MENTAL HEALTH CENTER, INC. Principal Place of Business Mailing Address 237 FERNWOOD BLVD 237 FERNWOOD BLVD 765032 FERN PARK FL 32730 FERN PARK FL 32730 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1304471 Not Applicable Zip Country Žip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent <Name Street Address (P.O. Box Number is Not Acceptable) AGC CO. 200 S. ORANGE AVE STE 2300 Zip Code City ORLANDO FL 32804 ~ FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be П Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. CROSS, CONROC Addition D TITLE Change ☐ Delete TITLE 2101 Hibbard Trail SAN MIGUEL, SANDRA B NAME NAME STREET ADDRESS 1214 HOWELL CREEK DRIVE Choloota, FL 32766 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS FL 32708 ☐ Addition **Change** TITLE ☐ Delete TITLE NAME FRITCH, CHARLES NAME FRITCH, CHARLES STREET ADDRESS STREET ADDRESS 204 PAUL MCCLURE COURT 204 PAUL MCCLURE COURT CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL 32707 CASSELBERRY, FL 32707 Change ☐ Addition SD TITLE ☐ Delete TITLE NAME SNEED, MARY NAME SNEED, MARY STREET ADDRESS STREET ADDRESS 28 W. CENTRAL BLVD 28 W. Central Blvd, Orlando, FL<u>32707</u> CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 Acevedo. Manuel ☐ Change **⊠** Delete TITLE TITLE 209 N. Oak Aua MOGHADOS, KATHRYN NAME NAME Sanfoed, FL 32771 923 E. SEMORAN BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL 32707 Cash, Jack 100 Bosh Blvd ☐ Change M Addition TITLE Delete TIT! F NEWSOME, JOSEPH NAME NAME sanford, FL 32771 STREET ADDRESS 545 SUNRISE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL 32707 Change **⋈** Addition ☐ Delete TITLE TITLE NAME NAME GREGORY, LINDA STREET ADDRESS STREET ADDRESS 130 Garfield Rd. Enterprise, FL CITY-ST-ZIP CITY-ST-ZIP

FILED

SIGNATURE: SIGNATURE: 4/19/2001 407-657-9199

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

Attachment

766033

Please add the following board members to our Uniform Business Report for our agency.

Hagerty, Nancy 2530 Ekana Drive Oviedo, Fl 32765

Jensen, Bernard 19 Village Drive Oviedo, FL 32765

Lipten, Sandra 124 N. Lost Lake Lane Casselberry, FL 32707