

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90336 018 *****70.00

001033

DOCUMENT # 7196Q2

1. Entity Name

MENTAL HEALTH ASSOCIATION OF NORTHEAST FLORIDA,

Principal Place of Business

1914 BEACHWAY ROAD
 SUITE 3-H
 JACKSONVILLE FL 32207
 US

Mailing Address

1914 BEACHWAY ROAD
 SUITE 3-H
 JACKSONVILLE FL 32207
 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

59-0721416

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

SIEMER, SUSAN B
1914 BEACHWAY ROAD, SUITE 3-H
~~**5030 ARLINGTON EXPRESSWAY**~~
JACKSONVILLE FL 32207

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	BC MCDANIEL, J GOODLET 4409 ASHFIELD DR JACKSONVILLE FL 32224	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BC CLINE, ELIZABETH 1070 E. ADAMS STREET JACKSONVILLE FL 32207	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BATEH, RAYMOND Z 637 PARK ST JACKSONVILLE FL 32204	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD - P SIEMER, SUSAN B 1914 BEACHWAY ROAD, SUITE 3-H JACKSONVILLE FL 32207	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S D JACKSON, BEVERLY D 500 WATER ST JACKSONVILLE FL 32202	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COTTEN, SARA 1846 LEEWARD LANE NEPTUNE BEACH FL 32266	☐ Delete

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

*please see
 attached*

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

Mental Health Association of Northeast Florida
Board Of Directors, 2000-2001

79002
20038383

Raymond Z. Bateh, CPA, Partner
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Jax., FL 32204
356-6023
fax 353-5836
TREASURER

Sarah Cotten, Advocate, Duval County
1846 Leeward Lane
Neptune Beach, FL 32266
246-3350

Michael De La Hunt, MD
Staff Psychiatrist, Nemours Children's Clinic
Medical Director, Pediatric Psychiatry
Wolfson Children's Hospital
807 Nira Street
Jax., FL 32207
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Deloris O'Hara Brooks, Case Manager
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745-3070 x-327

Elizabeth D. Cline
Communications Consultant
835 Buckeye Lane West
Jax., FL 32259
287-7623
BOARD CHAIR

Robin L. Hughes
Online Advertising Representative
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Attachment

Mental Health Association of Northeast Florida
Board Of Directors, 2000-2001

71960
80038383

Beverly D. Jackson, M.ED, CRC, CDMS
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8300 Old Kings Rd. S., #25
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Jacksonville, Inc., President
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904-396-5539\

Tara H. Wildes, Assistant Chief
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500 East Adams St.
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CHAIR ELECT