

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90047 016 ****61.25

DOCUMENT # 722510

1. Entity Name

FOUNDATION FOR MENTAL HEALTH IN PINELLAS, INC.

Principal Place of Business

**1100 CLEVELAND ST
STE 1500
CLEARWATER FL 33755**

Mailing Address

**PO BOX 7430
CLEARWATER FL 33758
US**

2. Principal Place of Business

11254 58th St. No

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Pinellas Park, FL

City & State

Zip

33782

Country

USA

Country

4. FEI Number

59-0674246

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ASPINALL, BARBARA
9609 TARA CAY COURT
SEMINOLE FL 33776**

7. Name and Address of New Registered Agent

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

TITLE **PD** ☒ Delete
NAME **CRISTINI, RICHARD A**
STREET ADDRESS **1006 PINELLAS STREET**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **SD** ☒ Delete
NAME **LANCASTER, D. GAY**
STREET ADDRESS **315 CT ST**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **VD** ☒ Delete
NAME **KINSEY, SAM**
STREET ADDRESS **11351 ULMERTON RD S, STE 414**
CITY-ST-ZIP **CLEARWATER FL 33788**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition
NAME **Tom Wedekind**
STREET ADDRESS **11254 58th St. No.**
CITY-ST-ZIP **Pinellas Park, FL 33782**

TITLE **1st VD** ☐ Change ☒ Addition
NAME **Sanice McDonald**
STREET ADDRESS **14041 1st St. Blvd.**
CITY-ST-ZIP **Clearwater, FL 33760**

TITLE **2nd VD** ☐ Change ☒ Addition
NAME **Barbara Daire**
STREET ADDRESS **4024 Central Ave**
CITY-ST-ZIP **St. Petersburg, FL 33733-0970**

TITLE **SD** ☐ Change ☒ Addition
NAME **Tom Riggs**
STREET ADDRESS **1437 S. Belcher Rd**
CITY-ST-ZIP **Clearwater, FL 33764**

TITLE **TD** ☐ Change ☒ Addition
NAME **Gary McMath**
STREET ADDRESS **1236 9th Street N**
CITY-ST-ZIP **St. Petersburg, FL 33705**

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 *Thomas Wedekind* **President**

4/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)