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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-03-2001 90032 046 ****70.00

DOCUMENT # 726696

1. Entity Name

GUIDANCE CLINIC OF THE UPPER KEYS, INC.

Principal Place of Business	Mailing Address
MILE MARKER 90 P O BOX 363 TAVERNIER FL 33070	MILE MARKER 90 P O BOX 363 TAVERNIER FL 33070

[redacted]

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 59-1462836 — 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
LANNON, BERNADETTE 137 FONTAINE LAKE DR TAVERNIER FL 33070	Name: KATHLEEN SCHRADER Street Address (P.O. Box Number is Not Acceptable): 203 APACHE ST City: TAVERNIER FL Zip Code: 33070

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: Kathleen Schrader, Pres. 4/25/01
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	PD ☒ Delete	TITLE	VP ☐ Change ☒ Addition
NAME	LANNON, BERNADETTE	NAME	MARY HANSLEY
STREET ADDRESS	137 FONTAINE LAKE DR	STREET ADDRESS	88181 OLD HWY H2
CITY-ST-ZIP	TAVERNIER FL	CITY-ST-ZIP	ISLAMORADA, FL 33036
TITLE	T ☒ Delete	TITLE	TREASURER ☐ Change ☒ Addition
NAME	FOLEY, ROBERT	NAME	Reverend Ralph Johnson
STREET ADDRESS	87108 OVERSEAS HIGHWAY	STREET ADDRESS	mm 92 STE 5
CITY-ST-ZIP	ISALMORADA FL	CITY-ST-ZIP	TAVERNIER FL 33070
TITLE	VD ☐ Delete	TITLE	President ☒ Change ☐ Addition
NAME	SCHRAEDER, KATHLEEN	NAME	KATHLEEN Schrader
STREET ADDRESS	203 APACHE	STREET ADDRESS	
CITY-ST-ZIP	TAVERNIER FL	CITY-ST-ZIP	
TITLE	EXD ☐ Delete	TITLE	Secretary ☐ Change ☒ Addition
NAME	MATTHEWS, RICHARD PH.D	NAME	Barbara Lindauer
STREET ADDRESS	139 MOWHAWK	STREET ADDRESS	142 Ridge Rd
CITY-ST-ZIP	TAVERNIER FL 33070	CITY-ST-ZIP	ISLAMORADA FL 33036
TITLE	☐ Delete	TITLE	DIRECTOR ☐ Change ☒ Addition
NAME		NAME	ROCKY HUBERT
STREET ADDRESS		STREET ADDRESS	92200 Overseas Hwy
CITY-ST-ZIP		CITY-ST-ZIP	Tavernier FL 33070
TITLE	☐ Delete	TITLE	DIRECTOR ☐ Change ☒ Addition
NAME		NAME	REVEREND DON OLSON
STREET ADDRESS		STREET ADDRESS	88181 OLD HWY A-41
CITY-ST-ZIP		CITY-ST-ZIP	ISLAMORADA FL 33036

CR2E037 (10/00)

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: Richard Matthews PhD 4/25/01 305-853-3284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #