

2002 UNIFORM BUSINESS REPORT (UBR)

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHRADER, KATHLEEN
203 APACHE ST
TAVERNIER FL 33070**

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 ☐ Delete
NAME **VPD**
STREET ADDRESS **HANSLEY, MARY**
CITY-ST-ZIP **88181 OLD HWY 42
ISLAMORADA FL 33036**

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

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **JOHNSON, RALPH REV**
CITY-ST-ZIP **MM 92 STE 5
TAVERNIER FL 33070**

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

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **SCHRAEDER, KAHTLEEN**
CITY-ST-ZIP **203 APACHE
TAVERNIER FL**

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

TITLE ☐ Delete
NAME **EXD**
STREET ADDRESS **MATTHEWS, RICHARD PH.D**
CITY-ST-ZIP **139 MOWHAWK
TAVERNIER FL 33070**

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

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **LINDEER, BARBARA**
CITY-ST-ZIP **142 RIDGE ROAD
ISLAMORADA FL 33036**

TITLE ☒ Change ☐ Addition
NAME **LINDNER, BARBARA**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DD**
STREET ADDRESS **HUBERT, ROCKY**
CITY-ST-ZIP **92200 OVERSEAS HWY
TAVERNIER FL 33070**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91422 027 ****70.00



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)

3/18/02 (305) 853-3284