

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90921 035 \*\*\*\*61.25

007530

**DOCUMENT # 726696**

1. Entity Name

**GUIDANCE CLINIC OF THE UPPER KEYS, INC.**



Principal Place of Business

**MILE MARKER 90  
P O BOX 363  
TAVERNIER FL 33070**

Mailing Address

**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

4. FEI Number **59-1462836**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Kathleen A Schrader*

*3/13/03*

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME **88181 OLD HWY H-2**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **88181 Old Hwy G-41**  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☒ Addition  
NAME **SD**  
STREET ADDRESS **Shughnessy, Mimi**  
CITY-ST-ZIP **254 Mohawk Street**  
**Tavernier, FL 33070**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **101640 Overseas Hwy**  
CITY-ST-ZIP **Key Largo, FL 33037**

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 of Registered Agent*

*3/20/03 (305) 853-3284*

CR2E037 (10/02)