

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 726916**

1. Entity Name

MARION-CITRUS MENTAL HEALTH CENTERS, INC.

Principal Place of Business

Mailing Address

5684 SW 60TH AVENUE, BLDG 1
OCALA FL 34474
USP.O. BOX 771929
OCALA FL 34477-1929
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

51-0177273

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

**RASCO, RUSSELL
1761 SE 38 CT
OCALA FL 34471**

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 re-stating)

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 **P**
STREET ADDRESS **LYNN, ROBERT J.**
CITY-ST-ZIP **9116 SW 91ST CIRCLE
OCALA FL 34481**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **VP**
STREET ADDRESS **SPIVEY, STEPHEN**
CITY-ST-ZIP **230 NE 25TH AVE
OCALA FL 34470**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **T**
STREET ADDRESS **PERRY, RICHARD**
CITY-ST-ZIP **ONE NE FIRST AVENUE
OCALA FL 34470**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **S**
STREET ADDRESS **WINES, LUCY ANN**
CITY-ST-ZIP **6161 N MISTY OAK TERR
BEVERLY HILLS FL 34465**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **BREFFLE, ROSALIE**
CITY-ST-ZIP **13707 SW 115 CIR
DUNNELLON FL 34432**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **OSTERHOUDT, CLARA**
CITY-ST-ZIP **4622 N. JADEMOUR DRIVE
BEVERLY HILLS FL 34465**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:

Stephen Spivey**1/19/00****352-873-6381****FILED**
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90170 026 ****70.00

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DO NOT WRITE IN THIS SPACE