

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90462 009 ****70.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # 728856

1. Entity Name
SOUTH COUNTY MENTAL HEALTH CENTER, INC.

Principal Place of Business Mailing Address
 16158 S. MILITARY TRAIL 16158 S. MILITARY TRAIL
 DELRAY BCH FL 33484-3501 DELRAY BCH FL 33484-6502.

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 Applied For
59-1519622 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPEICHER, JOSEPH S
16158 S. MILITARY TRAIL
DELRAY BEACH FL 33484-3501

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	D	<input type="checkbox"/> Delete
NAME	BROOKS, LORENZO	
STREET ADDRESS	6304 INDIAN WELLS BLVD	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, JEAN	
STREET ADDRESS	875 E. CAMINO REAL, #9B	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	POMPEY, C SPENCER	
STREET ADDRESS	1121 NW 2ND STREET	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	RUBIN, KENNETH S.	
STREET ADDRESS	4251 BRANDON DR.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rev. Alberto F. Busby	
STREET ADDRESS	706 S. W. 23rd Avenue	
CITY-ST-ZIP	Boynton Beach, FL 33435	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Seymour Orgel	
STREET ADDRESS	13647 Whippet Way West	
CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	695 Enfield Court	
CITY-ST-ZIP	Delray Beach, FL 33444	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J. Alexander Trieste	
STREET ADDRESS	399 NW 2nd Avenue	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ingrid A. Mason	
STREET ADDRESS	9277 Lakeside Lane	
CITY-ST-ZIP	Boynton Beach, FL 33437	

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: *Adele Kaserman* **REQUIRED** Adele Kaserman 561-499-1303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

South County
Mental Health



CENTER, INC.

A Private Not-for-Profit Organization Serving South Palm Beach County Since 1974

7288156
838878

April 14, 2000

Division of Corporations
Uniform Business Report Filings
Post Office Box 1500
Tallahassee, FL 32302-1500

RE: South County Mental Health Center, Inc.
FEI Number: 59-1519622

Dear Sir or Madam:

The additions below are an attachment to **Item #11 – Additions/Changes to Officers and Directors in 10:**

P
Adele Kaserman
5420 Viburnum Circle
Delray Beach, FL 33484

T
Major Joseph “Larry” Schroeder
300 West Atlantic Avenue
Delray Beach, FL 33444-3695

V
Frank Behrman, Esq.
13650 Whippet Way West
Delray Beach, FL 33484

D
Sue P. Jobe, Ph.D.
717 Biscayne Drive
West Palm Beach, FL 33401

Should you have any questions, please feel free to call my office at (561) 637-1000.

Sincerely,

Joseph S. Speicher, M.S.
Executive Director

JSS:ss