

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728856

1. Entity Name
South County Mental Health Center, Inc

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG 14 PM 1:54

Principal Place of Business Mailing Address
16158 S. Military Trail
Delray Beach, FL 33484

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 59-1519622 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent
Joseph S. Speicher
16158 South 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>Alberto F Busby</u> <u>706 SW 23RD AVE</u> <u>Boynton Beach, FL 33435</u> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary</u> <u>Jean HARRIS</u> <u>875 E. Camino Real #98</u> <u>Boca Raton, FL</u> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>Seymour Orgel</u> <u>13647 Whippett Way West</u> <u>Delray Beach, FL 33484</u> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>Kenneth S. Rubin</u> <u>695 ENFIELD CT</u> <u>Delray Beach, FL 33444</u> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>J. A. Trieste</u> <u>399 2ND AVENUE</u> <u>Boca Raton, FL 33432</u> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director</u> <u>Ingrid A. Mason</u> <u>9277 Lakeside Lane</u> <u>Boynton Beach, FL 33437</u> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Adle Kasserman</u> <u>5420 Viburnum Circle</u> <u>Delray Beach, FL 33484</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>500004562565</u> <u>-08/29/01--01087--024</u> <u>*****61.25 *****61.25</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>500004562565</u> <u>-08/29/01--01087--025</u> <u>*****8.75 *****8.75</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SP</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Kenneth S. Rubin Kenneth S. Rubin 8-10-01 561-637-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)