

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730286

1. Entity Name

HENDRY-GLADES MENTAL HEALTH CLINIC, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90056 029 ****61.25

Principal Place of Business

Mailing Address

80 EUCLID PL
LABELLE FL 33935
US

PO BOX 87
LABELLE FL 33975-0087
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

59-1558636

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

JONES, BRUCE
80 EUCLID PLACE
LABELLE FL 33935

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 **P** ☐ Delete
NAME **JEAN ANDERSON**
STREET ADDRESS **321 W ARCADE AVE**
CITY-ST-ZIP **CLEWISTON FL 33440**

TITLE **President** ☒ Change ☐ Addition
NAME **Christopher Shupe**
STREET ADDRESS **4290 Aspen Blvd SW**
CITY-ST-ZIP **Labelle, FL 33935**

TITLE **FD** ☒ Delete
NAME **HAMPTON, PEGGY S.**
STREET ADDRESS **P O BOX 1019 N/A**
CITY-ST-ZIP **LABELLE FL**

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

TITLE **D** ☐ Delete
NAME **WEEKS, HARRIETT**
STREET ADDRESS **270 AVE M**
CITY-ST-ZIP **MOORE HAVEN FL**

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

TITLE **FOD** ☐ Delete
NAME **FORBES, DR JAMES**
STREET ADDRESS **141 S DEANE DUFF**
CITY-ST-ZIP **CLEWISTON FL**

TITLE **Finance Officer** ☒ Change ☐ Addition
NAME **Sheriff Ronnie Lee**
STREET ADDRESS **P.O. Box 579**
CITY-ST-ZIP **Labelle, FL 33975**

TITLE **VPD** ☐ Delete
NAME **GRANT, WARREN**
STREET ADDRESS **4020 RAINBOW CIR**
CITY-ST-ZIP **LABELLE FL**

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

TITLE **STD** ☐ Delete
NAME **FORD, ROBERT**
STREET ADDRESS **P O BOX 1613 N/A**
CITY-ST-ZIP **LABELLE FL**

TITLE **Secretary-Treasurer** ☒ Change ☐ Addition
NAME **Peggy Hampton**
STREET ADDRESS **P.O. Box 1019**
CITY-ST-ZIP **Labelle, FL 33975**

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

130286

Attachment
00042172

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**10.
OFFICERS AND DIRECTORS**

**11.
ADDITIONS/CHANGES TO OFFICERS
AND DIRECTORS IN 10.**

D Addition
Flint, Joe
P. O. Box 10
Moore Haven, FL 33471

D Addition
Valiant, Dr. Martha
P. O. Box 79
LaBelle, FL 33975

D Addition
Forbes, Dr. James
P. O. Box 1085
Clewiston, FL 33440

D Addition
Ford, Robert
P. O. Box 1613
LaBelle, FL 33975

D - Ex-Officio Member Addition
Rider, Sheriff James
P. O. Box 39
Moore Haven, FL 33971