

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 19, 2001 8:00 am  
Secretary of State

02-19-2001 90270 034 \*\*\*\*61.25

DOCUMENT # 735186

1. Entity Name

FLORIDA COUNCIL FOR COMMUNITY MENTAL HEALTH, INC

Principal Place of Business

316 E PARK AVE  
TALLAHASSEE FL 32301  
US

Mailing Address

316 E PARK AVE  
TALLAHASSEE FL 32301  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1657087

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CONSTANTINE, ROBERT J PH.D.  
316 E PARK AVE  
TALLAHASSEE FL 32301

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 CD  
NAME SCHIMMEL, DAVID  
STREET ADDRESS 6075 GOLDEN GATE PARKWAY  
CITY-ST-ZIP NAPLES FL 33999 ☒ Delete

TITLE VD  
NAME RONIK, STEVE  
STREET ADDRESS 4740 N SR 7  
CITY-ST-ZIP FT LAUDERDALE FL 33319 ☐ Delete

TITLE T  
NAME CHERRY, JON  
STREET ADDRESS 434 W KENNEDY BLVD  
CITY-ST-ZIP ORLANDO FL 32810 ☐ Delete

TITLE SD  
NAME FEULNER, JERRY  
STREET ADDRESS PO BOX 538350  
CITY-ST-ZIP ORLANDO FL 32853 ☐ Delete

TITLE PD  
NAME CONSTANTINE, ROBERT J PH.D.  
STREET ADDRESS 316 E. PARK AVENUE  
CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Delete

TITLE VD  
NAME RUIZ, MARY  
STREET ADDRESS P.O. BOX 9478  
CITY-ST-ZIP BRADENTON FL 34206 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Secretary  
NAME Wayne Dreggors  
STREET ADDRESS 1720 Willis Avenue  
CITY-ST-ZIP Daytona Beach, FL 32114 ☐ Change ☒ Addition

TITLE Chairperson  
NAME Zimmerman, Diane  
STREET ADDRESS 434 W. Kennedy Blvd  
CITY-ST-ZIP Orlando, FL 32810 ☐ Change ☒ Addition

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

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

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

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

*(Signature)* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/01 (850) 224-6048

Date

Daytime Phone #

CR2E037 (10/00)