

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90119 024 ****61.25

DOCUMENT # 735186

1. Entity Name

FLORIDA COUNCIL FOR COMMUNITY MENTAL HEALTH, INC

Principal Place of Business

Mailing Address

**316 E PARK AVE
TALLAHASSEE FL 32301
US**

**316 E PARK AVE
TALLAHASSEE FL 32301
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 **59-1657087**

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

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

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 **S** ☐ Delete
NAME **DREGGORS, WAYNE**
STREET ADDRESS **1220 WILLIS AVE.**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **D** ☒ Change ☐ Addition
NAME **wayne Dreggors**
STREET ADDRESS
CITY-ST-ZIP

TITLE **C** ☒ Delete
NAME **ZIMMERMAN, DUANE**
STREET ADDRESS **434 W. KENNEDY BLVD**
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE **C** ☐ Change ☒ Addition
NAME **Mary Ruiz**
STREET ADDRESS **P.O. Box 9478**
CITY-ST-ZIP **Bradenton, FL 34206**

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

TITLE **T** ☐ Change ☒ Addition
NAME **John marrocco**
STREET ADDRESS **4211 E Busch Blvd,**
CITY-ST-ZIP **Tampa, FL 33617**

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

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

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

TITLE **D** ☒ Change ☐ Addition
NAME **Jon Cherry**
STREET ADDRESS **P.O. Box 491000**
CITY-ST-ZIP **Leesburg, FL 34749**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition
NAME **Mike Becker**
STREET ADDRESS **5850 TG Lee Rd. #400**
CITY-ST-ZIP **Orlando, FL 32822**

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

1/18/02 (850) 224-6048

CR2E037 (9/01)