

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90383 022 *****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1657087**

Applied For

Not Applicable

Zip Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	PREGGERS, WAYNE	
STREET ADDRESS	1220 WILLIS AVE.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MANOCCO, JOHN	
STREET ADDRESS	4211-E BUSCH BLVD	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	S	<input type="checkbox"/> Delete
NAME	BECKER, MIKE	
STREET ADDRESS	5850 TG LEE RD 400	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CONSTANTINE, ROBERT J PH.D.	
STREET ADDRESS	P.O. BOX 491000	
CITY-ST-ZIP	LEESBURG FL 34749	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	RUIZ, MARY	
STREET ADDRESS	P.O. BOX 9478	
CITY-ST-ZIP	BRADENTON FL 34206	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	wayne Dreggors	
STREET ADDRESS	1220 willis Ave.	
CITY-ST-ZIP	Daytona Beach, FL 32114	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bob wand	
STREET ADDRESS	12550 Biscayne Blvd. # 919	
CITY-ST-ZIP	N. Miami, FL 33181	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Becker, m. ke	
STREET ADDRESS	5850 T.G. Lee Rd. #400	
CITY-ST-ZIP	Orlando, FL 32822	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve Ronik	
STREET ADDRESS	4740 N. State Rd. 7 # 201	
CITY-ST-ZIP	 Ft. Lauderdale, FL 33319	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	maggie La barta	
STREET ADDRESS	P.O. Box 141750	
CITY-ST-ZIP	 Gainesville, FL 32614-1750	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Robert J. Constantine

Robert J. Constantine
President 1/29/03 BSO. 224.6048

CR2E037 (10/02)