

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752983

1. Entity Name

MENTAL HEALTH ASSOCIATION OF WEST FLORIDA, INC.

Principal Place of Business

Mailing Address

1995 NORTH "H" STREET
PENSACOLA FL 32501

1995 NORTH "H" STREET
PENSACOLA FL 32501-1861

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

59-0799900

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

GARBER, KAREN M.
105 SILVERTHORN ROAD
GULF BREEZE FL 32561

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	CD	<input type="checkbox"/> Delete
NAME	CONRAD, MICHAEL M	
STREET ADDRESS	1200 FT. PICKENS RD 8F	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KOLEK, PAM	
STREET ADDRESS	3510 FIRESTONE BLVD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRADY, MICHAEL	
STREET ADDRESS	11421 CLEAR CREEK DR	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MARSHALL, WILLIAM	
STREET ADDRESS	1803 E SCOTT ST	
CITY-ST-ZIP	PENSACOLA, FL 00000 32503	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CLARK, CLEO	
STREET ADDRESS	3765 FIRESTONE BLVD	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HASKINS, JACK	
STREET ADDRESS	4675 BAYWOOD DR	
CITY-ST-ZIP	PENSACOLA DR	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, STEPHANIE	
STREET ADDRESS	905 HATTON ST.	
CITY-ST-ZIP	PENSACOLA, FL. 32503	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" 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:

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KAREN M. GARBER 2/22/00 (850) 438-9877
Date Daytime Phone #

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90066 019 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)