

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L34862

1. Entity Name

MENTAL HEALTHCARE AMERICA, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90157 034 \*\*\*150.00

Principal Place of Business

Mailing Address

1876-A EIDER COURT  
TALLAHASSEE FL 32308

1876-A EIDER COURT  
TALLAHASSEE FL 32308-4537

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2989294

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

HEVEY, DONALD J.  
1876-A EIDER COURT  
TALLAHASSEE FL 32308

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME ✓ P  
STREET ADDRESS HEVEY, DONALD J.  
CITY-ST-ZIP 1876-A EIDER COURT  
TALLAHASSEE FL 32308

TITLE ☐ Delete

NAME ✓ T  
STREET ADDRESS MORRISON, DENNIS P  
CITY-ST-ZIP 645 SOUTH ROGERS ST  
BLOOMINGTON IN 47403-2367

TITLE ☐ Delete

NAME ✓ C  
STREET ADDRESS RUSHING, SUSAN  
CITY-ST-ZIP 4101 S. MEDFORD DR.  
LUFKIN TX

TITLE ☒ Delete

NAME ✓ S  
STREET ADDRESS BRIGGS, DAVID W  
CITY-ST-ZIP 6801 S. YOSEMITE ST  
ENGLEWOOD CO 80112

TITLE ☐ Delete

NAME ✓ VC  
STREET ADDRESS LOEWEN, HAROLD C  
CITY-ST-ZIP 330 LAKEVIEW DRIVE  
GOSHEN IN 46527

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Donald J. Hevey* DONALD J. HEVEY

Date

Daytime Phone #

4/18/2000 850-942-4900

CR2E034 (9/99)