

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90046 047 ****61.25

DOCUMENT # NO1000005921

1. Entity Name

MENTAL HEALTH CENTER OF ENGLEWOOD, INC.

Principal Place of Business

Mailing Address

72 WINDSOR DRIVE
ENGLEWOOD FL 34223

72 WINDSOR DRIVE
ENGLEWOOD FL 34223

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

63-1133721

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

BOHAN, DORIS K
72 WINDSOR DRIVE
ENGLEWOOD FL 34223

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.

DORIS K. BOHAN

SIGNATURE

Doris K. Bohan

2-12-02

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 P ☐ Delete
NAME BOHAN, DORIS K
STREET ADDRESS 72 WINDSOR DRIVE
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE LAURIE SCHNAUFER/D ☐ Change ☒ Addition
NAME 117 BUNKER RD.
STREET ADDRESS ROTUNDAWEST, FL.
CITY-ST-ZIP 33947

TITLE D ☒ Delete
NAME RICHARDSON, Nanci E
STREET ADDRESS 514 E GRACE STREET
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE CRIS WHITE T/S/D ☐ Change ☒ Addition
NAME 1010 BAYSHORE DR.
STREET ADDRESS ENGLEWOOD, FL 34223
CITY-ST-ZIP

TITLE D ☒ Delete
NAME KIMBERLIN, DEBRA
STREET ADDRESS 514 E GRACE STREET
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE LT. MARK CARD D ☐ Change ☒ Addition
NAME 6868 SAN CASA RD.
STREET ADDRESS ENGLEWOOD, FL 34223
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GLYNN, JAY
STREET ADDRESS 1700 EDUCATION AVE
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE LORETTA COOPER D ☐ Change ☒ Addition
NAME 15496 AVERY RD.
STREET ADDRESS PORT CHARLOTTE, FL 33981
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DUNKLE, LARRY
STREET ADDRESS P O BOX 4115
CITY-ST-ZIP SARASOTA FL 34230

TITLE ~~CAPE LAR~~ D ☐ Change ☒ Addition
NAME DEPUTY TIM CZACHUR
STREET ADDRESS 180 N. INDIANA AVE.
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE D ☐ Delete
NAME TVORACH, KAY E
STREET ADDRESS 4744 POMPAO ST
CITY-ST-ZIP PLACIDA FL 33946

TITLE RAY FALSCHEK D ☐ Change ☒ Addition
NAME 906 PINE ST.
STREET ADDRESS ENGLEWOOD, FL 34223
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:

Kay E Tvorach

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-02 (941) 415-8392

Date

Daytime Phone #

CR2E037 (9/01)