

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90382 013 \*\*\*\*61.25

**DOCUMENT # N06276**

1. Entity Name

**BAYVIEW FOUNDATION FOR MENTAL HEALTH, INC.**

Principal Place of Business

**12550 BISCAYNE BLVD  
919  
NORTH MIAMI FL 33181  
US**

Mailing Address

**12550 BISCAYNE BLVD  
919  
NORTH MIAMI FL 33181  
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

**59-2499265**

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

**WARD, ROBERT S.  
12550 BISCAYNE BLVD  
SUITE 919  
NORTH MIAMI FL 33181**

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 **PD** ☐ Delete  
NAME **FERNANDEZ, RICHARD M**  
STREET ADDRESS **11077 BISCAYNE BLVD**  
CITY-ST-ZIP **MIAMI FL 33181**

TITLE **SECRETARY / TREASURER** ☐ Change ☒ Addition  
NAME **HERRERA, PROSPERO II**  
STREET ADDRESS **1050 NE 93 ST**  
CITY-ST-ZIP **MIAMI SHORES FL 33138**

TITLE **SD** ☒ Delete  
NAME **TAYLOR, LAVERNE**  
STREET ADDRESS **411 NE 108TH STREET**  
CITY-ST-ZIP **MIAMI FL**

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

TITLE **VD** ☒ Delete  
NAME **GRAY, SUSAN W.**  
STREET ADDRESS **3857 NE 167 ST**  
CITY-ST-ZIP **NMB FL**

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

TITLE **TD** ☐ Delete  
NAME **HENDERSON, OWEN D III**  
STREET ADDRESS **12550 BISCAYNE BLVD 919**  
CITY-ST-ZIP **N MIAMI FL 33181**

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

TITLE **D** ☐ Delete  
NAME **WARD, ROBERT S**  
STREET ADDRESS **12550 BISCAYNE BLVD 919**  
CITY-ST-ZIP **N MIAMI FL 33181**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 S WARD - PRES/CEO**

**4/23/2001**

**(305) 892-4600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)