

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06439

1. Entity Name

ADVOCATES FOR THE MENTALLY ILL OF FLORIDA, INC.

FILED

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90004 041 ****61.25

Principal Place of Business

Mailing Address

1020 E LAFAYETTE ST
STE 102
TALLAHASSEE FL 32301
US

1020 E LAFAYETTE ST
STE 102
TALLAHASSEE FL 32301-4546
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2536516

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

LIVINGSTON, MARILYN
1020 E LAFAYETTE ST
STE 102
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.

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 D ☒ Delete
NAME HARRIS, JEAN
STREET ADDRESS 875 E CAMINO REAL #98
CITY-ST-ZIP BOCA RATON FL 33432

TITLE P ☒ Change ☐ Addition
NAME Whiteley, Beverly
STREET ADDRESS 1906 33RD Ave
CITY-ST-ZIP Vero Beach, FL 32960

TITLE D ☒ Delete
NAME WHITELEY, BEVERLY
STREET ADDRESS 1906 33RD AVE
CITY-ST-ZIP VERO BEACH FL 32960

TITLE V ☒ Change ☐ Addition
NAME Mike Mathès
STREET ADDRESS 641 W. Michigan St.
CITY-ST-ZIP Orlando, FL 32805

TITLE D ☒ Delete
NAME ALIX, RICK
STREET ADDRESS 1380 COLONIAL DR
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE S ☒ Change ☐ Addition
NAME George Thomas
STREET ADDRESS 11405 Orilla Del Rio
CITY-ST-ZIP Temple Terrace, FL 33617

TITLE D ☐ Delete
NAME LIVINGSTON, MARILYN
STREET ADDRESS 4823 BRADFORDVILLE RD
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☒ Change ☐ Addition
NAME Marilyn W. Livingston
STREET ADDRESS 4823 Bradfordville Rd.
CITY-ST-ZIP Tallahassee, FL 32308

TITLE D ☒ Delete
NAME HAYS, ESQ. P
STREET ADDRESS 488 TRITON RD
CITY-ST-ZIP ORMOND BEACH FL 32176

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:

MARILYN W. LIVINGSTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)