

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 08, 2001 8:00 am**  
**Secretary of State**

06-08-2001 90004 033 \*\*\*\*61.25

**DOCUMENT # N06439**

1. Entity Name

**ADVOCATES FOR THE MENTALLY ILL OF FLORIDA, INC.**

Principal Place of Business

**1020 E LAFAYETTE ST  
 STE 102  
 TALLAHASSEE FL 32301  
 US**

Mailing Address

**1020 E LAFAYETTE ST  
 STE 102  
 TALLAHASSEE FL 32301  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

*Marilyn D. Livingston*

Signature, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent signature required when reinstating)

*6/6/2001*

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WHITELEY, BEVERLY	
STREET ADDRESS	1906 33 AVENUE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MATHES, MIKE	
STREET ADDRESS	641 W. MICHIGAN STATE	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, GEORGE	
STREET ADDRESS	11405 ORILLA DEL RIO	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LIVINGSTON, MARILYN	
STREET ADDRESS	4823 BRADFORDVILLE RD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LIVINGSTON, MARILYN W	
STREET ADDRESS	4823 BRADFORDVILLE ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input 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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara Johanningsmeier	
STREET ADDRESS	1198 SW 8th Street	
CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE	ZVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Tone	
STREET ADDRESS	3830 Malec Cir.	
CITY-ST-ZIP	Jarasaota, FL 34233-2132	
TITLE		<input 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

*Marilyn D. Livingston*

*6/6/2001*

*850-671-4445*

CR2E037 (10/00)