

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**  
 05-12-2002 90636 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

**1020 E. Lafayette St.**

Suite, Apt. #, etc.

**Ste. 106-A**

City & State

**Tallahassee, FL 32301**

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

**Ste. 106-A**

City & State

Zip

Country

4. FEI Number

**59-2536516**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**LIVINGSTON, MARILYN  
 1020 E LAFAYETTE ST  
 STE 102  
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Street Address (If Box Number is Not Applicable)

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

TITLE **PD** ☐ Delete  
 NAME **WHITELEY, BEVERLY**  
 STREET ADDRESS **1906 33 AVENUE**  
 CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **VD** ☐ Delete  
 NAME **MATHES, MIKE**  
 STREET ADDRESS **641 W. MICHIGAN STATE**  
 CITY-ST-ZIP **ORLANDO FL 32805**

TITLE **SD** ☐ Delete  
 NAME **JOHANNINGSMEIRE, BARBARA**  
 STREET ADDRESS **1198 SW 5TH STREET**  
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **D** ☐ Delete  
 NAME **TONE, ROBERT**  
 STREET ADDRESS **3830 MALEC CIRCLE**  
 CITY-ST-ZIP **SARASOTA FL 34233-2132**

TITLE **TD** ☐ Delete  
 NAME **LIVINGSTON, MARILYN W**  
 STREET ADDRESS **4823 BRADFORDVILLE ROAD**  
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D P** ☒ Change ☐ Addition  
 NAME **Mike Mathess**  
 STREET ADDRESS **5517 Hansel Ave.**  
 CITY-ST-ZIP **Orlando, FL 32809**

TITLE **D 1st V** ☒ Change ☐ Addition  
 NAME **Phil Stokes**  
 STREET ADDRESS **1928 Malabar Lakes Dr., E.**  
 CITY-ST-ZIP **Palm Bay, FL 32905**

TITLE **D 2nd V** ☒ Change ☐ Addition  
 NAME **Bob Tone**  
 STREET ADDRESS **3830 Malec Cir.**  
 CITY-ST-ZIP **Sarasota, FL 34233**

TITLE **D T** ☒ Change ☐ Addition  
 NAME **Judith Evans**  
 STREET ADDRESS **5312 Billings St.**  
 CITY-ST-ZIP **Lehigh Acres, FL 33971**

TITLE **D S** ☒ Change ☐ Addition  
 NAME **Beverly Whiteley**  
 STREET ADDRESS **1906 33rd Ave.**  
 CITY-ST-ZIP **Vero Beach, FL 32960**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/2002 671-4445**

CR2E037 (9/01)