

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09520

1. Entity Name

NAMI/LAKE/SUMTER/FLORIDA ALLIANCE FOR THE MENTALLY ILL

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90069 011 ****61.25

Principal Place of Business

Mailing Address

LIFE STREAM BEHAVIORAL
2020 TALLY RD
LEESBURG FL 34748
US

PO BOX 493241
LEESBURG FL 34749-3241



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2566527

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

~~ZELLER, DUDLEY B~~
~~41449 SILVER DR~~
~~UMATILLA FL 32784~~

Name

MARGARET NICHOLSON

Street Address (P.O. Box Number is Not Acceptable)

6201 TOPSAIL RD.

LADY LAKE

City

FL

Zip Code

32159

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

Margaret Nicholson, Treas.

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

(NOTE: Registered Agent signature required when reinstating)

3/24/2000

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	<input checked="" type="checkbox"/> Delete
NAME	ZELLER, JOAN	
STREET ADDRESS	41449 SILVER DRIVE	
CITY-ST-ZIP	UMATILLA FL 32784-9040	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HEDGCOCK, CLAIRE	
STREET ADDRESS	5445 EAST HARBOR DRIVE	
CITY-ST-ZIP	FRUITLAND PARK FL 34731-6009	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ENNIS, ROBERT	
STREET ADDRESS	1220 SUNSET DRIVE	
CITY-ST-ZIP	LEESBURG FL 34788-8232	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	COLEMAN, MARGARET	
STREET ADDRESS	6 KINGS BOULEVARD	
CITY-ST-ZIP	LEESBURG FL 34748-8504	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILLIS, DOROTHY	
STREET ADDRESS	1003 VALENTIA AVENUE	
CITY-ST-ZIP	HOWEY-IN-THE-HILLS FL 34743	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	RANK, EUGENE	
STREET ADDRESS	3107 THOMAS COVE DRIVE	
CITY-ST-ZIP	GROVELAND FL 34736-9086	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEDGCOCK, CLAIRE	
STREET ADDRESS	5445 EAST HARBOR DRIVE	
CITY-ST-ZIP	FRUITLAND PARK, FL 34731-6009	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, MARGARET	
STREET ADDRESS	2345 SOUTH ST. #10	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENNIS, ROBERT	
STREET ADDRESS	1220 SUNSET DR.	
CITY-ST-ZIP	LEESBURG, FL. 34788-8232	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NELSON, RUTH	
STREET ADDRESS	1737 HILTON HEAD BLVD.	
CITY-ST-ZIP	LADY LAKE, FL 32159	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, DOROTHY	
STREET ADDRESS	1003 VALENCIA AVE.	
CITY-ST-ZIP	HOWEY-IN-THE-HILLS, FL 34743	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICHOLSON, MARGARET	
STREET ADDRESS	6201 TOPSAIL RD.	
CITY-ST-ZIP	LADY LAKE, FL 32159	

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:

Margaret D. Nicholson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
TREAS.

Date

Daytime Phone #

3/24/2000 352-259-2789