

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90015 035 ****61.25

DOCUMENT # N09520

1. Entity Name

NAMI/LAKE/SUMTER/FLORIDA ALLIANCE FOR THE MENTAL
LY ILL, INC.

Principal Place of Business

LIFE STREAM BEHAVIORAL
2020 TALLY RD
LEESBURG FL 34748
US

Mailing Address

PO BOX 493241
LEESBURG FL 34749-0241

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

59-2566527

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NICHOLSON, MARGARET
6201 TORSAIL RD
LADY LAKE FL 32159

7. Name and Address of New Registered Agent

Name

BONNIE G. WALLS

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

151 ORANGE BLOSSOM LANE

City

Leesburg

FL

Zip Code

34748

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

Bonnie G. Walls Treasurer

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	<input checked="" type="checkbox"/> Delete
NAME	HEDGE COOK, CLAIRE	
STREET ADDRESS	5445 E HARBOR DRIVE	
CITY-ST-ZIP	FRUITLAND PARK FL 34731-6009	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WILLIS, DOROTHY	
STREET ADDRESS	1003 VALENTIA AVENUE	
CITY-ST-ZIP	HOWEY IN THE HILLS FL 34763	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MIROY, EIRWENS	
STREET ADDRESS	11532 LAKE DRIVE	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	REISMAN, MARCIA	
STREET ADDRESS	3424 RICHMOND DRIVE	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLSON, MARGARET	
STREET ADDRESS	6201 TORSAIL RD.	
CITY-ST-ZIP	LADY LAKE, FL 32159	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEDGE COOK, CLAIRE	
STREET ADDRESS	5445 EAST HARBOR DRIVE	
CITY-ST-ZIP	FRUITLAND PARK FL 34731-6009	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONNIE G. WALLS	
STREET ADDRESS	151 ORANGE BLOSSOM LANE	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEDGE COOK, CLAIRE	
STREET ADDRESS	(SEE ABOVE)	
CITY-ST-ZIP		
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		

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:

BONNIE G. WALLS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-2002 352-728-5090

CR2E037 (9/01)