

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24936

1. Entity Name

ALLIANCE FOR THE MENTALLY ILL GROUP OFFERING SUP

FILED  
Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90096 045 \*\*\*\*61.25

0054232

Principal Place of Business

Mailing Address

518 LANTANA RD  
LANTANA FL 33462  
US

518 LANTANA RD  
LANTANA FL 33462  
US

800384556



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

111 East Coast Ave

111 East Coast Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hypoluxo FL

Hypoluxo FL

Zip

Country

Zip

Country

33462

USA

33462

USA

4. FEI Number

65-0086898

Applied For

Not Applicable

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

PERRY, JOHN M

1 VIA DE CASAS SUR, 1-201

BOYNTON BCH FL 33426

Name

Scholnicoff, Yvonne

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

10A Amherst Ct

City

Royal Palm Beach FL

Zip Code

33411

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

Yvonne Scholnicoff Yvonne Scholnicoff DPT 4/9/01

Signature, typed or printed name of registered agent and if not 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 DP  
NAME JOHN, PERRY  
STREET ADDRESS 1 VIA DE CASAS SUR, 1-201  
CITY-ST-ZIP BOYNTON BEACH FL 33426 ☒ Delete

TITLE S  
NAME Ward, Beverly  
STREET ADDRESS 6461 NW 2nd AVE #303  
CITY-ST-ZIP Boca Raton FL 33487 ☐ Change ☒ Addition

TITLE DTS  
NAME SCHOLNICOFF, YVONNE  
STREET ADDRESS 10A AMHERST  
CITY-ST-ZIP ROYAL PALM BEACH FL 33411 ☐ Delete

TITLE OPT  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D  
NAME YATES, LAWRENCE  
STREET ADDRESS 2791 MOORING CT #201  
CITY-ST-ZIP LANTANA FL 33462 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DVPS  
NAME WARD, MICHAEL  
STREET ADDRESS 6461 NW 2nd AVE #303  
CITY-ST-ZIP BOCA RATON FL 33487 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME WESTON, CHRISTINE  
STREET ADDRESS 6-A AMHEIST CT  
CITY-ST-ZIP ROYAL PALM BCH FL 33411 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME WILLIAMSON, RICHARD  
STREET ADDRESS 123 ERIE ST #15  
CITY-ST-ZIP LAKE WORTH FL 33461 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Yvonne Scholnicoff Yvonne Scholnicoff 4/9/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 582 065

CR2E037 (10/00)