

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90066 043 ****61.25

DOCUMENT # N24936

1. Entity Name

**ALLIANCE FOR THE MENTALLY ILL GROUP OFFERING SUP
 PORT, INC.**

Principal Place of Business

Mailing Address

111 EAST COAST AVE
 LAKE WORTH FL 33462
 US

111 EAST COAST AVE
 LAKE WORTH FL 33462
 US

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

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

SCHOLNICOFF, YVONNE
 10-A AMHERST CRT
 ROYAL PALM BEACH FL 33411

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD
 NAME WARD, BEVERLY ☒ Delete
 STREET ADDRESS 6461 NW 2ND AVE #303
 CITY-ST-ZIP BOCA RATON FL 33487

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

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

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

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

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

TITLE VP Heidi Levy ☐ Change ☒ Addition
 NAME 14527 Bonaire Blvd #605
 STREET ADDRESS Delray Beach, Florida 33446
 CITY-ST-ZIP

TITLE S Bruce Kolsky ☐ Change ☒ Addition
 NAME 14527 Bonair Blvd #605
 STREET ADDRESS Delray Beach, Florida 33446
 CITY-ST-ZIP

TITLE Carlos Amador ☐ Change ☒ Addition
 NAME 5464 Edgeron Ave
 STREET ADDRESS Lakeworth, FL 33463
 CITY-ST-ZIP

TITLE David Ows ☐ Change ☒ Addition
 NAME 2200 N Australian Ave #520
 STREET ADDRESS West Palm Beach FL 33407
 CITY-ST-ZIP

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

TITLE Arthur Gately ☐ Change ☒ Addition
 NAME 4440 Minerva Dr.
 STREET ADDRESS Lakeworth, FL 33463
 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 561 582 0650

CR2E037 (9/01)