

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 06, 2001 08:00 AM****Secretary of State****DOCUMENT # N27846**

1. Entity Name

PINELLAS MENTAL HEALTH FACILITIES, INC.

Principal Place of Business

11254-58TH STREET NORTH

PINELLAS PARK
337822213

FL

US

Mailing Address

11254-58TH STREET NORTH

PINELLAS PARK
337822213

FL

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

59-2906967

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WEDEKIND, THOMAS

11254 58TH ST N

PINELLAS PARK
34666

FL

7. Name and Address of New Registered Agent

Name

WEDEKIND, THOMAS

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

11254 58TH ST N

City

PINELLAS PARK

FLZip Code
347822213

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 reinstalling)

03/06/2001

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	TD	<input type="checkbox"/> Delete
NAME	BELL, RICHARD	
STREET ADDRESS	11254-58TH ST N	
CITY-ST-ZIP	PINELLAS PARK	FL
TITLE	SD	<input type="checkbox"/> Delete
NAME	HENLEY, LILA	
STREET ADDRESS	11254-58TH ST. NORTH	
CITY-ST-ZIP	PINELLAS PARK	FL
TITLE	VD	<input type="checkbox"/> Delete
NAME	GUETZLOE ELEANOR	
STREET ADDRESS	11254-58TH ST. NORTH	
CITY-ST-ZIP	PINELLAS PARK	FL
TITLE	PD	<input type="checkbox"/> Delete
NAME	REMMING KENNETH L.	
STREET ADDRESS	11254 58TH ST NORTH	
CITY-ST-ZIP	PINELLAS PARK	FL
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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, RICHARD	
STREET ADDRESS	11254-58TH ST N	
CITY-ST-ZIP	PINELLAS PARK	FL 337822213
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENLEY, LILA	
STREET ADDRESS	11254-58TH ST. NORTH	
CITY-ST-ZIP	PINELLAS PARK	FL 337822213
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUETZLOE ELEANOR	
STREET ADDRESS	11254-58TH ST. NORTH	
CITY-ST-ZIP	PINELLAS PARK	FL 337822213
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REMMING KENNETH L.	
STREET ADDRESS	11254 58TH ST NORTH	
CITY-ST-ZIP	PINELLAS PARK	FL 337822213
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)(f), 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:

KENNETH REMMING

PD

03/06/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Filing Fee #

CR2E037 (11/00)