

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N32838**

1. Entity Name

**LIFESTREAM BEHAVIORAL CENTER FOUNDATION, INC.**

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90002 026 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
515 W. MAIN STREET LEESBURG FL 34748 US	P. O. BOX 491000 LEESBURG FL 34749-1000 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-2976392	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	

6. Name and Address of Current Registered Agent

**WILLIAMS, ROBERT Q.**  
**380 WEST ALFRED ST.**  
**TAVARES FL 32778**

7. Name and Address of New Registered Agent

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>WILLIS, DOROTHY</b>
STREET ADDRESS	<b>1003 VALENCIA AVENUE</b>
CITY-ST-ZIP	<b>HOWEY-IN-TH-HILLS FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>LANE, JOHN D</b>
STREET ADDRESS	<b>790 ANDERSON DRIVE</b>
CITY-ST-ZIP	<b>TAVARES FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>PATROWICZ, CONSTANCE C.</b>
STREET ADDRESS	<b>1700 COUNTY CLUB ROAD</b>
CITY-ST-ZIP	<b>EUSTIC FL</b>
TITLE	<b>DST</b> <input type="checkbox"/> Delete
NAME	<b>HEDGECOCK, CLAIRE</b>
STREET ADDRESS	<b>05445 E. HARBOR DR</b>
CITY-ST-ZIP	<b>FRUITLAND PARK FL 34731</b>
TITLE	<b>PD</b> <input type="checkbox"/> Delete
NAME	<b>SHIPES, JOE W</b>
STREET ADDRESS	<b>111 6TH STREET</b>
CITY-ST-ZIP	<b>LEESBURG FL 34748</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>John Mathews</b>
STREET ADDRESS	<b>Fairmont Mortgage</b>
CITY-ST-ZIP	<b>8530 SE 140<sup>th</sup> Lane Road</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Summerfield, F 34491</b>
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:** *[Signature]* **Martin Lazoritz, M.D., Interim President/CEO**  
 01/20/00 352-360-6575  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)