2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40700

1. Entity Name

MENTAL HEALTH COMMUNITY CENTERS, INC.

FILED
Feb 23, 2000 8:00 am
Secretary of State
02-23-2000 90018 006 ****70.00

Principal Place of Business	Mailing Address
240-B S TUTTLE AVE SARASOTA FL 34237 US	240-B S TUTTLE AVE SARASOTA FL 34237-6334 US

DO NOT WRITE IN THIS SPACE

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 65-0238526 ☐ 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
SHULTS, THOMAS, ESQUIRE 3700 S TAMIAMI TRAIL STE 201 SARASOTA FL 34239	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BRUNKEN, HARRY 4022 COUNTRY VIEW DR. SARASOTA FL 34233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Shults, Thomas 3700 S. Tamiami Trail STE 201 Sarasota, FL 34239	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BROWN, JOHN E 1001 3RD AVE WEST BRADENTON FL 34205	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Spittal, John 920 S. Tamiami Trail Venice, FL 34285	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CABRERA, ANTHONY 1819 MAIN ST, STE 610 SARASOTA FL 34236	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Tappan, Trudy 68 Arbor Oaks Sarasota, FL 34236	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DAFFNEY, MAHLER S 1800 SECOND ST, STE 711 SARASOTA FL 34236	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M VENTIMIGLIA JESSICA P 240 B SOUTH TUTTLE SARASOTA FL 34237	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD OSBORNE, DONALD 4283 SHIALA LANE SARASOTA FL 34235	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Osborne, Donald 4283 Shiala Lane Sarasota, FL 34235	☒ Change ☐ Addition

CR2E037 (9/99)

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.

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SIGNATURE: SIGNATURE REQUIRED Jessica P. Ventimiglia 2/8/00 953-3477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #