

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43517

1. Entity Name

FLORIDA PSYCHIATRIC SOCIETY FOUNDATION, INC.

Principal Place of Business

521 E PARK AVE
TALLAHASSEE FL 32301

Mailing Address

521 E PARK AVE
TALLAHASSEE FL 32301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ADAMS, MARGO S.
521 E. PARK AVENUE
TALLAHASSEE FL 32301

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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

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 DD
NAME BENSON, SCOTT R
STREET ADDRESS 5190 BAYOU BLVD.
CITY-ST-ZIP PENSACOLA FL ☐ Delete

TITLE PD
NAME JORDAN, JAMES A.
STREET ADDRESS 2340 N.E. 53RD STREET
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

TITLE D
NAME SPREHE, DANIEL J.
STREET ADDRESS 800 MARTIN LUTHER KING
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE D
NAME EKWALL, MERTON L
STREET ADDRESS 3380 W LAKESHORE DR
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 2001 (850) 227-8404

Date

Daytime Phone #

CR2E037 (10/00)

0000458

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90045 019 *****61.25



DO NOT WRITE IN THIS SPACE