

2001 UNIFORM BUSINESS REPORT (UBR)

3/5/0

FILED
Apr 16, 2001 8:00 am
Secretary of State

03-05-2001 90074 006 ****61.25

DOCUMENT # N93000003589

1. Entity Name

JACKSONVILLE, FLORIDA DEPRESSIVE AND MANIC-DEPRE

Principal Place of Business

1373 BEACH AVENUE
ATLANTIC BEACH FL 32233

Mailing Address

1373 BEACH AVENUE
ATLANTIC BEACH FL 32233

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

59-3198743

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

STORN, RONALD M
1373 - BEACH AVE
ATLANTIC BEACH
ATLANTIC BEACH FL 32233

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	PC	<input type="checkbox"/> Delete
NAME	STORN, RONALD	
STREET ADDRESS	1373 BEACH AVENUE	D
CITY-ST-ZIP	ATLANTIC BEACH FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	STORN, SARAH	
STREET ADDRESS	1373 BEACH AVENUE	D
CITY-ST-ZIP	ATLANTIC BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LAMB, MERN A	
STREET ADDRESS	1000 VICAR'S LANDING, P.O. BOX 1-202	
CITY-ST-ZIP	PONTE VEDRA FL 32082	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HAYWARD, JOHN T	
STREET ADDRESS	1393 BEACH AVENUE	
CITY-ST-ZIP	ATLANTIC BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARRIE STUCKFIELD	
STREET ADDRESS	122 EASTERN DRIVE	D
CITY-ST-ZIP	JACKSONVILLE BEACH FL	
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)(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 *Ronald M Storn*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/01

904-247-3358

Date

Daytime Phone #

CR2E037 (10/00)