

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004861

1. Entity Name

THE NICOLE FOUNDATION OF THE MENTAL HEALTH CENTE

Principal Place of Business

Mailing Address

900 UNIVERSITY BLVD
STE 700
JACKSONVILLE FL 32211

P O BOX 19189
JACKSONVILLE FL 32245-9189
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3208890

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SIKORA, GREGORY J
900 UNIVERSITY BLVD
STE 700
JACKSONVILLE FL 32211

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 PT
NAME GREGORY, E.C.
STREET ADDRESS 11434 YELLOW TAIL COURT
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

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

TITLE VPD
NAME FLAGG, EUGENE
STREET ADDRESS 4271 MCDANIEL DR
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

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

TITLE SD
NAME SANDERS, DEBORAH
STREET ADDRESS 11425 HOBART BLVD.
CITY-ST-ZIP JACKSONVILLE FL ☒ Delete

TITLE SD
NAME Leclerc, DONALD
STREET ADDRESS 236 HOLLY COURT
CITY-ST-ZIP JACKSONVILLE, FL ☐ Change ☒ Addition

TITLE TD
NAME LEWIS, CHARLES W.
STREET ADDRESS 5307 FLEET LANDING BLVD.
CITY-ST-ZIP ATLANTIC BEACH FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE P
NAME Sikora, Gregory
STREET ADDRESS 900 University Blvd., Suite 700
CITY-ST-ZIP Jacksonville, FL 32211 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

GREGORY J. SIKORA

March 17, 2000 (904)743-1883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)