## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 20, 2001 8:00 am Secretary of State DOCUMENT # N93000004861 1. Entity Name THE NICOLE FOUNDATION OF THE MENTAL HEALTH CENTE 02-20-2001 90049 050 \*\*\*\*70.00 Principal Place of Business Mailing Address 900 UNIVERSITY BLVD P O BOX 19189 10 1 U-1 JACKSONVILLE FL 32245 STE 700 JACKSONVILLE FL 32211 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3208890 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SIKORA, GREGORY J 900 UNIVERSITY BLVD STE 700 Zip Code JACKSONVILLE FL 32211 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 DATE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be П Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. CD X Change Addition TITLE ☐ Delete TITLE Gregory, E.C. GREGORY, E.C. NAME NAME Hidden Hills Country Club 11434 YELLOW TAIL COURT STREET ADDRESS STREET ADDRESS 12874 Dunes Court, Jacksonville, FL 32225 CITY-ST-ZIP JACKSONVILLE FL CITY-ST-7iP ☐ Addition ☐ Change ☐ Delete TITLE TITLE FLAGG, EUGENE NAME NAME 4271 MCDANIEL DR STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-ZIP SD ☐ Change ☐ Addition ☐ Delete TITLE LECLERC. DONALD NAME NAME 236 HOLLY COURT STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-ZIP TD ☐ Change ☐ Addition ☐ Defete TITLE LEWIS, CHARLES W. NAME 5307 FLEET LANDING BLVD. STREET ADDRESS STREET ADDRESS ATLANTIC BEACH FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE SIKORA, GREGORY NAME NAME 900 UNIVERSITY BLVD N STE 700 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32211 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empo km 10ato 31-01