

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90036 031 \*\*\*\*70.00

**DOCUMENT # N96000000389**

1. Entity Name

**LIFE QUEST FOUNDATION FOR LOCK TOWNS COMMUNITY M  
 ENTAL HEALTH CENTER, INC.**

Principal Place of Business

Mailing Address

**20201 NORTHWEST 37TH AVENUE  
 MIAMI FL 33056**

**20201 NORTHWEST 37TH AVENUE  
 MIAMI FL 33056**

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

**65-6193024**

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

**CORPORATION COMPANY OF MIAMI, INC.  
 201 S. BISCAYNE BOULEVARD  
 SUITE 1600  
 MIAMI FL 33131**

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 **SD** ☒ Delete  
 NAME **BOWE, LESLIE**  
 STREET ADDRESS **20201 NORTHWEST 37TH AVENUE**  
 CITY-ST-ZIP **MIAMI FL 33056**

TITLE **PD** ☐ Delete  
 NAME **PATRICOFF, HAROLD EDWARD**  
 STREET ADDRESS **20201 NORTHWEST 37TH AVENUE**  
 CITY-ST-ZIP **MIAMI FL 33056**

TITLE **TD** ☐ Delete  
 NAME **MARKELSON, ALLEN**  
 STREET ADDRESS **8000 E DR 302**  
 CITY-ST-ZIP **N BAY VILLAGE FL 33141**

TITLE **D** ☐ Delete  
 NAME **1**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☒ Addition  
 NAME **Vernon Hayes**  
 STREET ADDRESS **20201 NW 37 AVE**  
 CITY-ST-ZIP **MIAMI, FL 33056**

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

TITLE ☐ Change ☐ 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-II changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Allen Markelson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/25/02**

Date

**(305) 628-8981**

Daytime Phone #

CR2E037 (9/01)