

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 20, 2001 8:00 am**  
**Secretary of State**

01-20-2001 90031 001 \*\*\*211.25

**DOCUMENT # N97000001032**

1. Entity Name

**CENTER OF LIFE A MENTAL HEALTH AGENCY, INC.**

Principal Place of Business

**206 ATLANTA AVENUE  
 STUART FL 34994**

Mailing Address

**206 ATLANTA AVENUE  
 STUART FL 34994**

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 **94-3245339**

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

**FULLER, KATHLEEN  
 206 ATLANTA AVENUE  
 STUART FL 34994**

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PSTD  
 FULLER, KATHLEEN  
 206 ATLANTA AVENUE  
 STUART FL 34994** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 CROUCH, DANIELLE M  
 265 S.W. PT. ST. LUCIE #180  
 PT. ST. LUCIE FL 34984** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 CROUCH, SHANNON N  
 206 ATLANTA AVENUE  
 STUART FL 34994** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  
 NAME  
 STREET ADDRESS  
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☐ 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:**

*Kathleen Fuller*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1-5-2001*

CR2E037 (10/00)

0084082