

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001032

1. Entity Name

CENTER OF LIFE A MENTAL HEALTH AGENCY, INC.

Principal Place of Business

Mailing Address

206 ATLANTA AVENUE
STUART FL 34994

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

TITLE ☐ Delete
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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:

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

Kathleen Fuller 1-07-02 (561)
220-4556
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)