

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90168 007 \*\*\*\*61.25

**DOCUMENT # N98000000091**

1. Entity Name

**SUNCOAST MENTAL HEALTH CENTER, INC.**



Principal Place of Business

**805 VIRGINIA AVE  
15  
FORT PIERCE FL 34982**

Mailing Address

**805 VIRGINIA AVE  
15  
FORT PIERCE FL 34982**

2. Principal Place of Business

**2814 S US #1  
Suite, Apt. #, etc.  
D-4**

3. Mailing Address

**2814 S US #1  
Suite, Apt. #, etc.  
D4**

City & State

**FORT PIERCE FL**

City & State

**FT PIERCE FL**

Zip

**34982**

Country

**ST. LUCIE**

Zip

**34982**

Country

**ST LUCIE**

4. FEI Number **65-0789152**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DETELIS, BARBARA  
805 VIRGINIA AVE, SUITE 15  
FORT PIERCE FL 34982**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**2814 S US #1**

**STE D-4**

City

**FORT PIERCE**

FL

Zip Code

**34982**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Barbara Detelis*  
Signature, typed or printed name of registered agent and title if applicable.

*Harold Louis Adams*  
(NOTE: Registered Agent signature required when reinstating)

DATE

**1-8-93**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VPD** ☐ Delete  
NAME **SCOTES, ATHENA**  
STREET ADDRESS **207 SW 5TH ST**  
CITY-ST-ZIP **STUART FL 34994**

TITLE **TD** ☐ Delete  
NAME **ALONSO, KATHRYN**  
STREET ADDRESS **700 CENTRAL-PKWAY**  
CITY-ST-ZIP **STUART FL 34994**

TITLE **SD** ☐ Delete  
NAME **PLUMMER, MELINDA**  
STREET ADDRESS **435 SE FLAGLER AVE.**  
CITY-ST-ZIP **STUART FL 34994**

TITLE **PD** ☐ Delete  
NAME **EDNEY, STEVEN**  
STREET ADDRESS **207 SW 5TH ST**  
CITY-ST-ZIP **STUART FL 34994**

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  
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

*Harold Louis Adams*

**1-22-03**

**4894746**

CR2E037 (10/02)