

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000312

1. Entity Name

COALITION OF FLORIDA ADVOCATES FOR MENTALLY ILL

Principal Place of Business

Mailing Address

7096 PINE BLUFF DRIVE
LAKE WORTH FL 33467

7096 PINE BLUFF DRIVE
LAKE WORTH FL 33467-8880

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

65-0892979

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

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	Chairperson	<input type="checkbox"/> Delete
NAME	Joyce H. Friedman	
STREET ADDRESS	7096 Pine Bluff Drive	
CITY-ST-ZIP	Lake Worth Fl. 33467	
TITLE	Vice-Chairperson	<input type="checkbox"/> Delete
NAME	Judith E. Robinson	
STREET ADDRESS	11756 SW 102 St	
CITY-ST-ZIP	Miami, Fl. 33186	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Ardis Good	
STREET ADDRESS	4123 SW 78th Street	
CITY-ST-ZIP	Gainesville, Fl. 32608	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Dr. Harold Friedman	
STREET ADDRESS	7096 Pine Bluff Dr.	
CITY-ST-ZIP	Lake Worth, Fl. 33467	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Frank Bergmann	
STREET ADDRESS	7334 Point of Rocks Road	
CITY-ST-ZIP	Sarasota, Fl. 34242	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Katherine C. Brandon	
STREET ADDRESS	22 Comares, Apt. 9B	
CITY-ST-ZIP	St. Augustine, Fl. 32084	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Joyce H. Friedman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90026 034 ****61.25



DO NOT WRITE IN THIS SPACE

1/25/2000 (661) 439-0539
Date Daytime Phone #