

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90035 023 \*\*\*\*61.25

**DOCUMENT # N99000000312**

1. Entity Name

**COALITION OF FLORIDA ADVOCATES FOR MENTALLY ILL INDIVIDUALS, INC.**

Principal Place of Business

Mailing Address

**7096 PINE BLUFF DRIVE  
 LAKE WORTH FL 33467**

**7096 PINE BLUFF DRIVE  
 LAKE WORTH FL 33467**

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

**FRIEDMAN, JOYCE H  
 7096 PINE BLUFF DRIVE  
 LAKE WORTH FL 33467**

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	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>FRIEDMAN, JOYCE H</b>	
STREET ADDRESS	<b>7096 PINE BLUFF DRIVE</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>	
TITLE	<b>VC</b>	<input type="checkbox"/> Delete
NAME	<b>ROBINSON, JUDITH E</b>	
STREET ADDRESS	<b>11756 SW 102 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CIOTTI, JAMES</b>	
STREET ADDRESS	<b>1427 MITCHELL AVE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>FRIEDMAN, HAROLD DR</b>	
STREET ADDRESS	<b>7096 PINE BLUFF DR</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BURGMANN, FRANK</b>	
STREET ADDRESS	<b>7334 POINT OF ROCKS ROAD</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34242</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>OWEN, GAINES</b>	
STREET ADDRESS	<b>129 MARSH ISLAND CIRCLE</b>	
CITY-ST-ZIP	<b>SAINT AUGUSTINE FL 32095</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Dr. Harold Friedman, President* *Dr. HAROLD* *1/7/02 66D439-0539*

CR2E037 (9/01)