

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000041759

1. Entity Name

Line Crest Community Mental Health Center Inc.

Principal Place of Business

Mailing Address

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90019 012 ***150.00

2. Principal Place of Business

3090 Holiday Springs Blvd. 14 Apt. 210
Margate FL
33063 USA

3. Mailing Address

P.O. Box 670993
Coral Springs FL
33067 USA

A0072799

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0762126

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

Josephine M Hunter

3090 Holiday Springs Blvd

City

Margate

FL

Zip Code

33063

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<i>President</i>	<input type="checkbox"/> Delete
NAME	<i>Josephine Hunter</i>	
STREET ADDRESS	<i>3090 Holiday Springs Blvd</i>	
CITY-ST-ZIP	<i>Margate FL 33063</i>	
TITLE	<i>Vice President</i>	<input type="checkbox"/> Delete
NAME	<i>Samuel Hunter</i>	
STREET ADDRESS	<i>3313 Cabaret Lane</i>	
CITY-ST-ZIP	<i>Margate FL 33063</i>	
TITLE	<i>Secy. Treasure</i>	<input type="checkbox"/> Delete
NAME	<i>Bilmo Hunter</i>	
STREET ADDRESS	<i>13941 SW 122 Ave Bld 6 Apt 206</i>	
CITY-ST-ZIP	<i>Miami FL 33186</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Josephine Hunter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/00

Date

(954) 255-2429

Daytime Phone #

CR2E034 (9/99)

Attachment
DHP9700041759 P.O. Box 670993
AC072799 Coral Springs
FL 33067

8/7/00

Dear Sir/Madam,

I am writing this letter to inform you that I did not receive the first notice that you sent out to me, after waiting for months I decided to request a form by phone.

I ask of you to please accept the \$150.00 fee which I have enclosed.

Thank you for your help.

I am
Joseph M Hunter
President