

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90055 036 ****70.00

DOCUMENT # 711281

1. Entity Name

DRUG ABUSE TREATMENT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1720 E. TIFFANY DRIVE. E.
 SUITE 102
 WEST PALM BEACH FL 33407-3235

1016 N. CLEMONS STREET
 SUITE 406
 JUPITER FL 33477-3305

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1363887

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIDDLETON, PAM
1016 N. CLEMONS STREET
SUITE 406
JUPITER FL 33477

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 Delete
 NAME **D**
ADAMS, JOHN
 STREET ADDRESS **142255 US HIGHWAY 1**
 CITY-ST-ZIP **JUNO BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
FRECHETTE, GARY
 STREET ADDRESS **3228 GUN CLUB RD**
 CITY-ST-ZIP **W PALM BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DP**
DELGROSSO, MILLIE
 STREET ADDRESS **2044 17TH STREET**
 CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DVP**
HALE, JUANITA M
 STREET ADDRESS **429 SILVER BEACH ROAD**
 CITY-ST-ZIP **LAKE PARK FL**

TITLE Change Addition
 NAME **Hale, Juanita**
 STREET ADDRESS **429 Silver Beach Rd**
 CITY-ST-ZIP **Lake Park, FL**

TITLE Delete
 NAME **D**
MIDDLETON, PAM
 STREET ADDRESS **820 OCEAN DUNES CIRCLE**
 CITY-ST-ZIP **JUPITER FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T**
PRAEG, DEBORAH
 STREET ADDRESS **15700 70TH TRAIL N.**
 CITY-ST-ZIP **N PALM BEACH FL**

TITLE Change Addition
 NAME **DVP Praeg, Deborah**
 STREET ADDRESS **15700 70th trail N.**
 CITY-ST-ZIP **N. Palm Beach, FL**

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: **PAM MIDDLETON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/00

Date

561/743-1038

Daytime Phone #

CR2E037 (9/99)