

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739546

1. Entity Name

SPECIAL TRAINING AND REHABILITATION OF CHARLOTTE

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90049 005 ****61.25

Principal Place of Business

Mailing Address

525 BOWMAN TERRACE
 PORT CHARLOTTE FL 33953
 US

525 BOWMAN TERRACE
 PORT CHARLOTTE FL 33953-2186
 US

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

59-1805928

Applied For

Not Applicable

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

LANEUVILLE, BRYAN G.
 525 BOWMAN TERRACE
 PORT CHARLOTTE FL 33953

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	STTR	<input type="checkbox"/> Delete
NAME	HELPHENSTINE, JO ANNE	
STREET ADDRESS	5570 RIVERSIDE DRIVE	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	CTR	<input type="checkbox"/> Delete
NAME	GRAHAM, BILL	
STREET ADDRESS	1601 W MARION AVE	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	VTR	<input checked="" type="checkbox"/> Delete
NAME	CARR, DAROL	
STREET ADDRESS	2315 AARON ST	
CITY-ST-ZIP	PT CHARLOTTE FL	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	LANEUVILLE, BRYAN G.	
STREET ADDRESS	525 BOWMAN TERRACE	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	TR	<input type="checkbox"/> Delete
NAME	HULL, ROBERT	
STREET ADDRESS	2152 NUREMBERG BLVD.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33982	
TITLE	TR	<input type="checkbox"/> Delete
NAME	SCHMITH, RICHARD	
STREET ADDRESS	467 CHAMBER STREET	
CITY-ST-ZIP	PORT CHARLOTTE FL 33982	

TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLANCHARD, EDWARD III	
STREET ADDRESS	13700 LAKE POINT	
CITY-ST-ZIP	PORT CHARLOTTE, FL.	
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)(l), 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:

Bryan G. Laneuville
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bryan G. Laneuville, PCEO 01/10/00 (941)

Date

Daytime Phone **829-5655**

CRE037 (9/99)