

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90130 046 \*\*\*\*70.00

**DOCUMENT # 744231**  
1. Entity Name  
**ABUSE COUNSELING AND TREATMENT, INC.**

Principal Place of Business P.O. BOX 60401 FT MYERS FL 33906-0401 US	Mailing Address P.O. BOX 60401 FT MYERS FL 33906-0401 US
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-1864735</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
~~REDMOND, LOIS~~  
~~1452 DAVIS DR~~  
~~FT MYERS FL 33919~~

7. Name and Address of New Registered Agent  
Name: **Marshall Bower**  
Street Address (P.O. Box Number is Not Acceptable): **15031 Punta Rossa #806**  
City: **Fort Myers** FL Zip Code: **33908**

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: Marshall T. Bower DATE: 1-20-01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW:</b> FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	Make Check Payable to Department of State
------------------------------------	---	---

10. OFFICERS AND DIRECTORS	
TITLE: VP NAME: <del>BOWER, MARSHALL</del> STREET ADDRESS: <del>15031 PUNTA ROSSA, #806</del> CITY-ST-ZIP: <del>FORT MYERS FL 33908</del>	<input type="checkbox"/> Delete <b>(1)</b>
TITLE: <b>D</b> NAME: STRAMEL, DIANE STREET ADDRESS: 43 SE 20 CT CITY-ST-ZIP: CAPE CORAL FL 33990	<input type="checkbox"/> Delete
TITLE: <del>PS-1</del> NAME: REDMOND, LOIS STREET ADDRESS: 1452 DAVIS ROAD CITY-ST-ZIP: FORT MYERS FL 33919	<input type="checkbox"/> Delete
TITLE: <del>S</del> NAME: <del>WEINER, JUDY S</del> STREET ADDRESS: <del>834 SW 50TH CT</del> CITY-ST-ZIP: <del>CAPE CORAL FL 33914</del>	<input type="checkbox"/> Delete <b>(3)</b>
TITLE: <b>D</b> NAME: BENTON, JENNIFER L STREET ADDRESS: 1463 WOODWIND COURT CITY-ST-ZIP: FORT MYERS FL 33919	<input type="checkbox"/> Delete
TITLE: <b>D</b> NAME: Marshall Bower STREET ADDRESS: 15031 Punta Rossa #806 CITY-ST-ZIP: Fort Myers FL 33908	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <b>V-P</b> NAME: McCallum Dixie Lee STREET ADDRESS: 8717 Chatham St. CITY-ST-ZIP: Fort Myers FL 33907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>Immediate Past President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>D</b> NAME: Fontaine, Sally Blvd. #414 STREET ADDRESS: 13851 Greengate Blvd. CITY-ST-ZIP: Fort Myers FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Signature of Marshall Bower Date: 01-15-01 Daytime Phone #: 941-939-2553  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037(10/00)