

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90004 001 ****70.00

DOCUMENT # 744798

1. Entity Name

AGENCY FOR COMMUNITY TREATMENT SERVICES, INC.

Principal Place of Business

Mailing Address

AGENCY FOR COMM. TREATMENT SVCS INC
 4612 N 56TH ST
 TAMPA FL 33610
 US

AGENCY FOR COMM. TREATMENT SVCS INC
 4612 N 56TH ST
 TAMPA FL 33610-7123
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1860626

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MARROCCO, JOHN P
4612 N 56TH ST
TAMPA FL 33610

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

B. 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:
FEF 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

TITLE	SD	<input type="checkbox"/> Delete
NAME	ENNIS, GARY	
STREET ADDRESS	4612 N 56TH ST	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROBINSON, PAT	
STREET ADDRESS	13301 BRUCE B. DOWNS BLVD.	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BATSCHKE, CATHERINE	
STREET ADDRESS	4202 E. FOWLER ADM 226	
CITY-ST-ZIP	TAMPA FL 33620	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HIRSCH, WILLIAM	
STREET ADDRESS	608 W. HORATIO ST., SUITE A	
CITY-ST-ZIP	TAMPA FL	
TITLE	ED	<input type="checkbox"/> Delete
NAME	MARROCCO, JOHN	
STREET ADDRESS	4612 N 56TH ST	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BROWN, RICHARD	
STREET ADDRESS	4612 N. 56TH ST.	
CITY-ST-ZIP	TAMPA FL 33610	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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)(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:

(Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CO-DIRECTOR

Date

Daytime Phone #

1/05/00 813-246-4999