

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767398

1. Entity Name

SPECIALIZED TREATMENT, EDUCATION AND PREVENTION

Principal Place of Business

1991 S. APOPKA BLVD
ORLANDO FL 32703
US

Mailing Address

1991 S. APOPKA BLVD
ORLANDO FL 32703
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

63-0836930

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TURNER, KATHLEEN
2917 N PINE HILLS RD
ORLANDO FL 32808

7. Name and Address of New Registered Agent

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]

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

TITLE ☐ Delete
NAME PD
STREET ADDRESS JONES, ERIC
CITY-ST-ZIP 1720 JONES ROAD
MELBOURNE FL 32901

TITLE ☐ Delete
NAME TD
STREET ADDRESS ROYALS, ED JR
CITY-ST-ZIP 6903 OAKMORE LANE
ORLANDO FL 32792

TITLE ☐ Delete
NAME VD
STREET ADDRESS BERRY, RAY
CITY-ST-ZIP 2107 N. 14TH AVE
HOLLYWOOD FL 33020

TITLE ☐ Delete
NAME D
STREET ADDRESS BURKETT, CAROL
CITY-ST-ZIP 1382 LANDRY
LONGWOOD FL 32750

TITLE ☐ Delete
NAME SD
STREET ADDRESS REGAN, JOSEPH
CITY-ST-ZIP 1098 HUNT STREET N.W.
PALM BAY FL 32907

TITLE ☐ Delete
NAME D
STREET ADDRESS MCGARRY, NEAL
CITY-ST-ZIP 1715 S. GADSEN
TALLAHASSEE FL 32301

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] Ed Royal

Date

Daytime Phone #

1/17/01



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

001688

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90030 025 *****61.25