## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 07, 2002 8:00 am **DOCUMENT # 767398 Secretary of State** 1. Entity Name 02-07-2002 90188 016 \*\*\*\*61.25 SPECIALIZED TREATMENT, EDUCATION AND PREVENTION Principal Place of Business Mailing Address 1991 S. APOPKA BLVD 1991 S. APOPKA BLVD ORLANDO FL 32703 ORLANDO FL 32703 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 63-0836930 Not Applicable Zip Country Zip Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) TURNER, KATHLEEN 2917 N PINE HILLS RD ORLANDO FL 32808 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. CD (9/01) TITLE Addition TITLE ☐ Delete JONES, ERIC NAME NAME STREET ADDRESS 1720 JONES ROAD STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32901 CITY-ST-ZIP TD ☐ Delete TITLE ☐ Change ☐ Addition TITLE ROYALS, ED JR NAME NAME STREET ADDRESS 6903 OAKMORE LANE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32792 CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE BERRY, RAY NAME NAME 2107 N. 14TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 TITLE Delete TITLE ☐ Change ■ Addition BURKETT, CAROL NAME NAME STREET ADDRESS 1382 LANDRY STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32750 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition REGAN, JOSEPH NAME NAME 1098 HUNT STREET N.W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32907 Delete TITLE Change Addition TITLE MCGARRY, NEAL NAME NAME 1715 S. GADSEN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32301 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

SIGNATURE:

of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida changed, or on an attachment with an address, with all other like empowered.

FILED