

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90025 033 ****61.25

81/8/00

DOCUMENT # N39014

1. Entity Name

PHOENIX PROGRAMS OF FLORIDA, INC.

Principal Place of Business

936 S.E. FT. KING ST.
LEGAL DEPARTMENT
OCALA FL 34474
US

Mailing Address

936 S.E. FT. KING ST.
LEGAL DEPARTMENT
OCALA FL 34474
US**C0020317**

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

59-3172948

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRUMBULL, WILLIAM ESQ.
501 E. KENNEDY BLVD.
TAMPA FL 33602

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 \$61.259. 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 NAME STREET ADDRESS CITY-ST-ZIP	VRD D. BRIAN COLLIER 936 SE FT KING ST OCALA FL 34471	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DR RICHARD GUTEKUNST 936 SE FT-KING ST OCALA FL 34471	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGGINS, LAWRENCE E 3410 W HILLSBOROUGH AVE TAMPA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, FREDERICK 1814 HAMMOCK BLVD CLEARWATER FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITFIELD PALMER, JR. 3080 SW 53RD OCALA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSENTHAL, MITCHELL DR 164 WEST 74TH ST NEW YORK NY 10023	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VRD J. Finn Kavanagh 936 SE FT KING ST OCALA, FL 34471	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E037 (10/00)