2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90507 011 ****61.25

DOCUMENT # N39014

1. Entity Name
PHOENIX PROGRAMS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
936 S.E. FT. KING ST. [redacted] OCALA FL 34474 US	936 S.E. FT. KING ST. [redacted] OCALA FL 34474 US

☐ CHECK HERE IF MAKING CHANGES

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 59-3172948 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~THUMBULL, WILLIAM ESQ~~
~~501 E. KENNEDY BLVD.~~
~~TAMPA FL 33602~~

7. Name and Address of New Registered Agent

Name: PHOENIX PROGRAMS OF FLORIDA, INC.
Street Address (P.O. Box Number is Not Acceptable): 936 SE Fort King St
City: Ocala
FL
Zip Code: 34471

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] April 10, 2003
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VRD KAVANAGH, J. FINN 936 SE FT KING ST OCALA FL 34471	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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	☐ Change ☐ Addition
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	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~FISHER, FREDERICK~~ ~~1814 HAMMOCK BLVD~~ ~~CLEARWATER FL~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☑ Addition D Joe Capitano, Sr. 1302 N.19th St., Tampa, FL 33605
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~WHITFIELD PALMER, JR.~~ ~~3080 SW [illegible]~~ ~~OCALA FL~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☑ Addition D Edward Giuntja, Sr. 2701 W.Busch Blvd.,Tampa, FL 33618
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	☐ 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 REQUIRED Regional Director 4/10/03 (352) 867-7000 x11

CR2E037 (10/02)