

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 07, 2000 8:00 am**  
**Secretary of State**

07-07-2000 90459 019 \*\*\*\*61.25

**DOCUMENT # N94000004211**

1. Entity Name

**VICTORY OVER ADDICTION INTERNATIONAL, INC.**

*2*

Principal Place of Business

Mailing Address

5370 MERION WAY  
 STUART FL 34997

5370 MERION WAY  
 STUART FL 34997-8740

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

**65-0534088**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required\*

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MACDOWELL, WILLIAM**  
**5370 MERION WAY**  
**STUART FL 34997**

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 \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD MACDOWELL, ELIZABETH T	5370 MERION WAY	STUART FL 34997				
	DV MACDOWELL, WILLIAM	5370 MERION WAY	STUART FL 34997				
	DV CAPUTO, THERESA	7423 SE JAMESTOWN TER	HOBE SOUND FL 33455				

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:

*William Macdowell* / **WILLIAM MACDOWELL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561) 283-3106

6/24/00

CR2E037 (9/99)