

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000000328

FILED  
Sep 12, 2002  
Secretary of State

Entity Name: FLORIDA ASSOCIATION FOR THE TREATMENT OF SEXUAL ABUSERS, INC.

## Current Principal Place of Business:

7819 N DALE MABRY  
STE. 212  
TAMPA, FL 33614 US

## New Principal Place of Business:

5247 PARK STREET  
ST. PETERSBURG, FL 33709 US

## Current Mailing Address:

7819 N DALE MABRY  
STE. 212  
TAMPA, FL 33614 US

## New Mailing Address:

5247 PARK STREET  
ST. PETERSBURG, FL 33709 US

FEI Number: 59-3380952

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COTTER, LEO P PH.D.  
7819 N DALE MABRY  
STE. 212  
TAMPA, FL 33614 US

## Name and Address of New Registered Agent:

SPEARS, HARRY F ED.S.  
1204 NW 13TH STREET  
STE. 9  
GAINESVILLE, FL 32601 US

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: HARRY F. SPEARS

09/12/2002

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: COTTER, LEO P  
Address: 7819 DALE MABRY, #212  
City-St-Zip: TAMPA, FL

Title: DS ( ) Delete  
Name: HUGHES-CONLON, DENISE  
Address: 5247 PARK STREET  
City-St-Zip: ST. PETERSBURG, FL

Title: D ( ) Delete  
Name: WHITFORD, BOB  
Address: 3910 WEST ALVA STREET  
City-St-Zip: TAMPA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: LEVENSON, JILL S  
Address: 5950 W. OAKLAND PARK BLVD.  
City-St-Zip: LAUDERHILL, FL 33313 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SPEARS, HARRY F  
Address: 1204 NW 13TH STREET, SUITE 9  
City-St-Zip: GAINESVILLE, FL 32601 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARRY F. SPEARS

D

09/12/2002

Electronic Signature of Signing Officer or Director

Date