

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90091 047 ****70.00

DOCUMENT # N96000006019

1. Entity Name

CENTER FOR RECOVERY FOR SUBSTANCE ABUSE, INC.

Principal Place of Business

Mailing Address

1025 ORANGE AVENUE
 FORT PIERCE FL 34950

P.O. BOX 2256
 FORT PIERCE FL 34954-2256

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

59-2470954

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

TEEL, EMORY C III
805 VIRGINIA AVENUE #21
FORT PIERCE FL 34982

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 | D | <input checked="" type="checkbox"/> Delete |
| NAME | HARBER, FRANK | |
| STREET ADDRESS | 3240 HATCHER ST | |
| CITY-ST-ZIP | FT PIERCE FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WHITE, MARTY | |
| STREET ADDRESS | 2182 SE BERSELI RD | |
| CITY-ST-ZIP | PT ST. LUCIE FL 34952 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | GANT, PEGGY | |
| STREET ADDRESS | 800 SE MONTEREY RD | |
| CITY-ST-ZIP | STUART FL 34884 | |
| TITLE | C | <input type="checkbox"/> Delete |
| NAME | KNIGHT, SANDRA | |
| STREET ADDRESS | 6546 4TH ST. | |
| CITY-ST-ZIP | VERO BCH FL | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | SIMMONS, SARA | |
| STREET ADDRESS | 145 NW CENTRAL PARK PLAZA | |
| CITY-ST-ZIP | PORT ST LUCIE FL 34986 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | LAPENTER, TOM | |
| STREET ADDRESS | 6105 BAMBOO DRIVE | |
| CITY-ST-ZIP | FORT PIERCE FL 34982 | |

| | | |
|----------------|---------------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Love, Donald | |
| STREET ADDRESS | 1081 N. 40th St. | |
| CITY-ST-ZIP | Fort Pierce, FL 34948 | |
| TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Elliott, Carl | |
| STREET ADDRESS | 2050 San Juan Ave. | |
| CITY-ST-ZIP | Vero Beach, FL 34960 | |
| TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Davis, Lee | |
| STREET ADDRESS | 2591 Rock Springs Rd. | |
| CITY-ST-ZIP | Port St. Lucie, FL 34952 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Elwood, Clay | |
| STREET ADDRESS | 3047 S. US-1 | |
| CITY-ST-ZIP | Ft. Pierce, FL 34982 | |

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: **RE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/11/00** Daytime Phone #: **561-465-4050**

CR2E037 (9/99)