

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90016 017 ****70.00

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DOCUMENT # N98000005030

1. Entity Name
OPEN DOOR SOCIAL SERVICES OF FLORIDA, INC.

Principal Place of Business 1010 EXECUTIVE CENTER DRIVE SUITE 151 ORLANDO FL 32803 US	Mailing Address 606 COURT STREET #404 READING PA 19601
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2. Principal Place of Business 5812 S. SEMORAN BLVD Suite, Apt. #, etc.	3. Mailing Address 5812 S. SEMORAN BLVD Suite, Apt. #, etc.
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City & State ORLANDO, FL	City & State ORLANDO, FL	4. FEI Number 58-2411894	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Zip 32822	Country USA	Zip 32822	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WHITE, RONALD C
 5348 FIRST AVENUE NORTH
 ST. PETERSBURG FL 33710**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANGLEY, PAUL JR. 606 COURT STREET #404 READING PA 19601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAILY, DANIEL 12 SOMERSET DRIVE COATESVILLE PA 19320	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PHILLIPS, JANET 622 OLD SCHOOLHOUSE ROAD LANDENBERG PA 19350	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREGG, JANET 2 N. HIGH STREET #320 WEST CHESTER PA 19380	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONOHUE, DAVID 177 HILLTOP ROAD AVONDALE PA 19311	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEAN ZAMPELLI 223 ELM STREET READING, PA 19606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELISSA VALENTIN 497 NORTH MILL ROAD KENNETT SQUARE, PA 19348	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAUL LANGLEY 5812 S. SEMORAN BLVD ORLANDO, FL 32822	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **TECHNICAL SERVICES REQUIRED** 2/9/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)