

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744231

1. Entity Name

ABUSE COUNSELING AND TREATMENT, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90243 010 \*\*\*\*70.00

Principal Place of Business

Mailing Address

P.O. BOX 60401  
FT MYERS FL 33906-0401  
US

P.O. BOX 60401  
FT MYERS FL 33906-6401  
US

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

59-1864735

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REDMOND, LOIS  
1452 DAVIS DR  
FT MYERS FL 33919

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 VP ☐ Delete  
NAME BOWER, MARSHALL  
STREET ADDRESS 15031 PUNTA ROSSA, #806  
CITY-ST-ZIP FORT MYERS FL 33908

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME STRAMEL, DIANE  
STREET ADDRESS 43 SE 20 CT  
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE ☒ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 33990

TITLE PD ☐ Delete  
NAME REDMOND, LOIS  
STREET ADDRESS 1452 DAVIS ROAD  
CITY-ST-ZIP FORT MYERS FL 33919

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME WEINER, JUDY S  
STREET ADDRESS 834 SW 56TH ST  
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ED ☐ Delete  
NAME BENTON, JENNIFER L  
STREET ADDRESS 1463 WOODWIND COURT  
CITY-ST-ZIP FORT MYERS FL 33919

TITLE ☒ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 33919

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-07-00 941-939-2553

CR2E037 (9/99)