

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005234

1. Entity Name

THE JEANNE SLOAN CLEAR SAILING DROP-IN CENTER OF

FILED

Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90082 008 ****70.00

Principal Place of Business

Mailing Address

812 NORTH 7TH STREET
FT. PIERCE FL 34950
US

C/O NEW HORIZONS ADMINISTRATION
4500 W. MIDWAY RD.
FT PIERCE FL 34981-4823
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TALBOTT, DOUGLAS
NEW HORIZONS OF THE TREASURE COAST, INC.
4500 W. MIDWAY RD.
FT PIERCE FL 34981

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 DVP ☒ Delete
NAME PANAIA, DOUG
STREET ADDRESS 5093 DEANNA LN.
CITY-ST-ZIP FT PIERCE FL 34982

TITLE DP ☐ Change ☐ Addition
NAME PANAIA, DOUG
STREET ADDRESS 1754 W SANDERLING LANE
CITY-ST-ZIP FT PIERCE FL 34982

TITLE DP ☒ Delete
NAME PROCIDA, ROSA
STREET ADDRESS 5093 DEANNA LN.
CITY-ST-ZIP FT. PIERCE FL 34946

TITLE DVP ☐ Change ☐ Addition
NAME PROCIDA, ROSA
STREET ADDRESS 5093 DEANNA LN
CITY-ST-ZIP FT PIERCE FL 34946

TITLE DS ☐ Delete
NAME ROBINSON, RALPH
STREET ADDRESS 1319-A PEPPERTREE TRAIL
CITY-ST-ZIP FT PIERCE FL 34950

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

TITLE MD ☒ Delete
NAME GOLPHIN, BRENDA
STREET ADDRESS P.O. BOX 1471 N/A
CITY-ST-ZIP FORT PIERCE FL 34954

TITLE DT ☐ Change ☐ Addition
NAME GOLPHIN, BRENDA
STREET ADDRESS P.O. BOX 1471
CITY-ST-ZIP FORT PIERCE FL 34954

TITLE DT ☒ Delete
NAME HODGES, BETSEY
STREET ADDRESS 7132 HAWKS VIEW TR.
CITY-ST-ZIP PT. ST. LUCIE FL 34986

TITLE D ☐ Change ☐ Addition
NAME HODGES, BETSEY
STREET ADDRESS 1732 HAWKS VIEW TR
CITY-ST-ZIP PORT ST LUCIE FL 34986

TITLE D ☐ Delete
NAME DAVIS, ANNIE
STREET ADDRESS 2202 AVE. E
CITY-ST-ZIP FT. PIERCE FL 34950

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 #

3-2-2000

561
468-5600

CR2E037 (9/99)