

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000328

1. Entity Name

FLORIDA ASSOCIATION FOR THE TREATMENT OF SEXUAL

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90036 025 ****61.25

Principal Place of Business

7819 N DALE MABRY
STE. 212
TAMPA FL 33614
US

Mailing Address

7819 N DALE MABRY
STE. 212
TAMPA FL 33614-3221
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3380952

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

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

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	PD	<input type="checkbox"/> Delete
NAME	SHAW, TED P	
STREET ADDRESS	1000 N.W. 8TH AVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	COTTER, LEO P PH.D.	
STREET ADDRESS	7819 N DALE MABRY, #212	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORIN, JOHN W PH.D.	
STREET ADDRESS	5950 W OAKLAND PK BLVD, #107	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

LEO P. COTTER PH.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEO P. COTTER PH.D. 3-27-00 (813) 935-1636

Date

Daytime Phone #

CR2E037 (9/99)