

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 07, 2000 8:00 am**  
**Secretary of State**

07-07-2000 90459 019 \*\*\*\*61.25

**DOCUMENT # N94000004211**

1. Entity Name  
**VICTORY OVER ADDICTION INTERNATIONAL, INC.**

Principal Place of Business      Mailing Address  
**5370 MERION WAY      5370 MERION WAY**  
**STUART FL 34997      STUART FL 34997-8740**

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      Applied For  
**65-0534088**      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**

**MACDOWELL, WILLIAM**  
**5370 MERION WAY**  
**STUART FL 34997**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>MACDOWELL, ELIZABETH T</b>	
STREET ADDRESS	<b>5370 MERION WAY</b>	
CITY-ST-ZIP	<b>STUART FL 34997</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>MACDOWELL, WILLIAM</b>	
STREET ADDRESS	<b>5370 MERION WAY</b>	
CITY-ST-ZIP	<b>STUART FL 34997</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>CAPUTO, THERESA</b>	
STREET ADDRESS	<b>7423 SE JAMESTOWN TER</b>	
CITY-ST-ZIP	<b>HOBE SOUND FL 33455</b>	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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		

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: William Macdowell / **WILLIAM MACDOWELL**      Date: 6/24/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #

CR2E037 (9/99)