

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005234

1. Entity Name

THE JEANNE SLOAN CLEAR SAILING DROP-IN CENTER OF

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90018 041 \*\*\*\*\*70.00

Principal Place of Business

812 NORTH 7TH STREET  
FT. PIERCE FL 34950  
US

Mailing Address

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

NOT APPLICABLE

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

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

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

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

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

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

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

TITLE D ☒ Delete  
NAME HODGES, BETSEY  
STREET ADDRESS 1732 HAWKS VIEW TR  
CITY-ST-ZIP PT. ST. LUCIE FL 34986

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

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

2/7/01

Date

Daytime Phone #

CR2E037 (10/00)