

2001 UNIFORM BUSINESS REPORT (UBR)

2/5

FILED
Mar 01, 2001 8:00 am
Secretary of State

02-05-2001 90130 046 ****70.00

DOCUMENT # 744231

1. Entity Name

ABUSE COUNSELING AND TREATMENT, INC.

Principal Place of Business

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

Mailing Address

P.O. BOX 60401
 FT MYERS FL 33906-0401
 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 **Marshall Bower**

Street Address (P.O. Box Number is Not Acceptable)
15031 Punta Rossa #806

City **Fort Myers**

FL

Zip Code **33908**

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 **Marshall T. Bower**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-01

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 **(1)**
 NAME **BOWER, MARSHALL**
 STREET ADDRESS **15031 PUNTA ROSSA, #806**
 CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE **V-P** ☒ Change ☐ Addition
 NAME **McCollum Dixie Lee**
 STREET ADDRESS **8717 Chatham St.**
 CITY-ST-ZIP **Fort Myers FL 33907**

TITLE **(2)** ☐ 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

TITLE **PS-1** ☐ Delete
 NAME **REDMOND, LOIS**
 STREET ADDRESS **1452 DAVIS ROAD**
 CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **Immediate Past President** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete **(3)**
 NAME **WEINER, JUDY S**
 STREET ADDRESS **834 SW 56TH ST**
 CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE **(1)** ☒ Change ☐ Addition
 NAME **Fontaine, Sally Blvd. #414**
 STREET ADDRESS **13351 Greengate Blvd.**
 CITY-ST-ZIP **Fort Myers, FL 33919**

TITLE **(1)** ☐ 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

TITLE **(1)** ☐ Delete
 NAME **Marshall Bower**
 STREET ADDRESS **15031 Punta Rossa #806**
 CITY-ST-ZIP **Fort Myers FL 33908**

TITLE **President** ☐ 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)(f), 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 of Marshall T. Bower**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-15-01 941-939-2553

CR2E037(10/00)