

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 744798**

1. Entity Name

AGENCY FOR COMMUNITY TREATMENT SERVICES, INC.**FILED**
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90008 032 ****70.00

Principal Place of Business Mailing Address

AGENCY FOR COMM. TREATMENT SVCS INC
4612 N 56TH ST
TAMPA FL 33610
US

AGENCY FOR COMM. TREATMENT SVCS INC
4612 N 56TH ST
TAMPA FL 33610
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

59-1860626

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

MARROCCO, JOHN P
4612 N 56TH ST
TAMPA FL 33610

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$61.259. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
SD	ENNIS, GARY	4612 N 56TH ST	TAMPA FL 33610	<input checked="" type="checkbox"/>
PD	ROBINSON, PAT	13301 BRUCE B. DOWNS BLVD.	TAMPA FL 33612	<input checked="" type="checkbox"/>
VD	BATSCH, CATHERINE	4202 E. FOWLER ADM 226	TAMPA FL 33620	<input type="checkbox"/>
TD	HIRSCH, WILLIAM	608 W. HORATIO ST., SUITE A	TAMPA FL	<input checked="" type="checkbox"/>
ED	MARROCCO, JOHN	4612 N 56TH ST	TAMPA FL 33610	<input type="checkbox"/>
CD	BROWN, RICHARD	4612 N. 56TH ST.	TAMPA FL 33610	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
SD	STEVEN HEARN	4612 N 56TH ST	TAMPA, FL 33610	<input checked="" type="checkbox"/>
PD	WILLIAM HIRSCH	4612 N. 56TH ST	TAMPA, FL 33610	<input checked="" type="checkbox"/>
	SAME			<input type="checkbox"/>
TD	ERIC WALDEN	4612 N 56TH ST	TAMPA, FL 33610	<input checked="" type="checkbox"/>
	SAME			<input type="checkbox"/>
				<input type="checkbox"/>

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 REQUIRED

JAN B M

1/30/01

(813) 246-4899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)