

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM****Secretary of State****DOCUMENT # N96000000328****1. Entity Name**FLORIDA ASSOCIATION FOR THE TREATMENT OF SEXUAL ABUSER  
S, INC.**Principal Place of Business**7819 N DALE MABRY  
STE. 212  
TAMPA  
33614  
US**Mailing Address**7819 N DALE MABRY  
STE. 212  
TAMPA  
33614  
US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****59-3380952**

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**COTTER LEO PPH.D.  
7819 N DALE MABRY  
STE. 212  
TAMPA  
33614  
US

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 reinstalling)

**04/30/2001**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	MORIN JOHN WPH.D.	5950 W OAKLAND PK BLVD, #107	LAUDERHILL FL	D	WHITFORD BOB	3910 WEST ALVA STREET	TAMPA FL
DS	COTTER LEO PPH.D.	7819 N DALE MABRY, #212	TAMPA FL	DS	HUGHES-CONLON DENISE	5247 PARK STREET	ST. PETERSBURG FL
PD	SHAW TED P	1000 N.W. 8TH AVE	GAINESVILLE FL	PD	COTTER LEO P	7819 DALE MABRY, #212	TAMPA FL

**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:**

LEO P. COTTER

PD

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)