**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 17, 2002 8:00 am 3 **DOCUMENT # 744798 Secretary of State** 1. Entity Name 02-17-2002 90058 047 \*\*\*\*70.00 AGENCY FOR COMMUNITY TREATMENT SERVICES, INC. Principal Place of Business Mailing Address AGENCY FOR COMM. TREATMENT SVCS INC AGENCY FOR COMM. TREATMENT SVCS INC B0026252 4612 N 56TH ST 4612 N 56TH ST TAMPA FL 33610 **TAMPA FL 33610** US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1860626 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) MARROCCO, JOHN P 4612 N 56TH ST **TAMPA FL 33610** City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) '9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition SD TITLE ☐ Delete TITLE [ ] Change HEARN, STEVEN NAME NAME STREET ADDRESS STREET ADDRESS 4612 N 56TH ST CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33610** ☐ Addition TITLE ☐ Delete TITLE Change HIRSCH, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 4612 N 56TH STREET CITY-ST-ZIP CITY-ST-ZIP TÀMPA FL 33610 ☐ Change ☐ Addition ☐ Delete TITLE TITLE WALDEN, ERIC NAME NAME STREET ADDRESS STREET ADDRESS **4612 N 56TH STREET** CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33610** ☐ Addition TITLE Delete TITLE CATHERINE BATSCHE 4612 N. 56 DE ST HIRSCH: WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 608 W. HORATIO ST., SUITE A TAMPA, FL 33610 CITY-ST-ZIP CITY-ST-ZIP TAMPATEL CD ☐ Delete TITLE Change ☐ Addition TITLE NAME Brown, Richard NAME STREET ADDRESS STREET ADDRESS 4612 N. 56TH ST. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33610 TITLE ☐ Delete TITLE [] Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: X

SIGRATION