

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90065 012 ****70.00

DOCUMENT # 744231

1. Entity Name

ABUSE COUNSELING AND TREATMENT, INC.

Principal Place of Business

Mailing Address

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

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

4. FEI Number

59-1864735

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BOWER, MARSHALL
15031 PUNTA ROSSA
806
FORT MYERS FL 33908

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 **PD** ☐ Delete
 NAME **BOWER, MARSHALL**
 STREET ADDRESS **15031 PUNTA ROSSA, #806**
 CITY-ST-ZIP **FORT MYERS FL 33908**

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

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

TITLE **Secretary** ☒ Change ☐ Addition
 NAME **Redmond, Lois**
 STREET ADDRESS **1452 Davis Rd.**
 CITY-ST-ZIP **Fort Myers, FL 33919**

TITLE **SD** ☐ Delete
 NAME **FONTAINE, SALLY**
 STREET ADDRESS **13851 GREENGATE BLVD # 414**
 CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **Boardmember** ☒ Change ☐ Addition
 NAME **FONTAINE SALLY**
 STREET ADDRESS **13851 Greengate Blvd. #414**
 CITY-ST-ZIP **Fort Myers FL 33919**

TITLE **D** ☐ 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 **VPD** ☐ Delete
 NAME **MCCOLLAUM, DIXIE LEE**
 STREET ADDRESS **8717 CHATHAM ST**
 CITY-ST-ZIP **FORT MYERS FL 33907**

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:

Jennifer L. Benton **Jennifer L. Benton** 01/26/02 941-939-2553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)