

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90523 032 \*\*\*\*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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

**BOWER, MARSHALL**  
**15031 PUNTA ROSSA**  
**# 806**  
**FORT MYERS FL 33908**

7. Name and Address of New Registered Agent

Name

**Dixie Lee McCollum**

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

**8717 Chatham St.**

City

**Fort Myers**

**FL**

Zip Code

**33907**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Dixie Lee McCollum*

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

(NOTE: Registered Agent signature required when reinstating)

**01-16-03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **DT** ☐ Delete  
NAME **STRAMEL, DIANE**  
STREET ADDRESS **43 SE 20 CT**  
CITY-ST-ZIP **CAPE CORAL FL 33990**

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

TITLE **BM 3** ☐ Delete  
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 20 Falconwood Ct**  
CITY-ST-ZIP **FORT MYERS FL 33919**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **BM** ☒ Change ☐ Addition  
NAME **Kristen LaRue**  
STREET ADDRESS **3290-2 Sandlewood Ln.**  
CITY-ST-ZIP **Ft Myers FL 33907**

TITLE **SECRETARY** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **20 Falconwood Ct.**  
CITY-ST-ZIP

TITLE **Vice President** ☒ Change ☐ Addition  
NAME **Judy Weiner**  
STREET ADDRESS **834 SW 56th St.**  
CITY-ST-ZIP **CAPE CORAL FL 33914**

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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**239-939-2553**

CR2E037 (10/02)