

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708810

1. Entity Name

TWELVE STEP HOUSE, INC.

Principal Place of Business

205 SW 23RD ST.
FT LAUDERDALE FLA 33315

Mailing Address

205 SW 23RD ST.
FT LAUDERDALE FLA 33315

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MANDEL, GARY
2561 E SARATOGA DR
COOPER CITY FL 33026

7. Name and Address of New Registered Agent

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
After September 13, 2000 min. will be \$236.25

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

TITLE TP
NAME BLAKEMAN, JUDY
STREET ADDRESS 111 NITTARWAY
CITY-ST-ZIP DAVIE FL 33324

TITLE TP
NAME DANIELS, K
STREET ADDRESS 2965 S. WILLS AVE.
CITY-ST-ZIP FT. LAUDERDALE FL 33345

TITLE TD
NAME SAMPSON-SMITH, DIANE
STREET ADDRESS 2300 GRIFFIN ROAD #110
CITY-ST-ZIP FT. LAUDERDALE FL 33312

TITLE TS
NAME WARD, DICK
STREET ADDRESS 1151 S.W. 32 STREET
CITY-ST-ZIP FT. LAUDERDALE FL 33315

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90013 036 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1055021

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

CR2E037 (5/00)