

2001 UNIFORM BUSINESS REPORT (UBR)

2/5

FILED
Mar 12, 2001 8:00 am
Secretary of State

02-09-2001 90230 014 *****61.25

DOCUMENT # 708810

1. Entity Name

TWELVE STEP HOUSE, INC.

Principal Place of Business

205 SW 23RD ST.
FT LAUDERDALE FL 33315

Mailing Address

205 SW 23RD ST.
FT LAUDERDALE FL 33315

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1055021

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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

GARY MANDEL

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

5222 S FLAMINGO RD #287

City

Cooper City

FL

Zip Code

33330

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

GARY MANDEL

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

(NOTE: Registered Agent signature required when reinstating)

2/1/01

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

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

TITLE **TP** ☐ Delete
NAME **DANIELS, K**
STREET ADDRESS **2065 S. WILLS AVE.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33345**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rich W. 3-4-01 954-521-8984

Date

Daytime Phone #

CR2E037 (10/00)