

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 06, 2002 8:00 am  
Secretary of State

02-06-2002 90004 036 \*\*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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  
5722 S FALMINGO RD #287  
COOPER CITY FL 33330

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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

TITLE TP ☐ Delete  
NAME DANIELS, K  
STREET ADDRESS 2965 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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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)