

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711281

1. Entity Name

DRUG ABUSE TREATMENT ASSOCIATION, INC.

FILED

Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90192 048 ****70.00

Principal Place of Business

1720 E. TIFFANY DRIVE. E.
SUITE 102
WEST PALM BEACH FL 33407-3235

Mailing Address

1016 N. CLEMONS STREET
SUITE 406
JUPITER FL 33477

2. Principal Place of Business

3. Mailing Address

1016 N. Clemons Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 300

City & State

City & State

Jupiter FL

Zip

Country

Zip

33477

Country

Palm Beach

4. FEI Number

59-1363887

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIDDLETON, PAM
1016 N. CLEMONS STREET
SUITE 406
JUPITER FL 33477

Name

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

1016 N. Clemons Street

Suite 300

City

Jupiter

FL

Zip Code

33477

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 NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, JOHN 142255 US HIGHWAY 1 JUNO BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRECHETTE, GARY 3228 GUN CLUB RD W PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DELGROSSO, MILLIE 2044 17TH STREET VERO BEACH FL 32960	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALE, JUANITA M 429 SILVER BEACH ROAD LAKE PARK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIDDLETON, PAM 820 OCEAN DUNES CIRCLE JUPITER FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PRAEG, DEBORAH 15700 70TH TRAIL N. N PALM BEACH FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 (10/00)