

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90337 035 ****70.00

DOCUMENT # 711281

1. Entity Name

DRUG ABUSE TREATMENT ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

**1016 N. CLEMONS STREET
SUITE 300
JUPITER FL 33477**

90011215



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1363887**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$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 300
JUPITER FL 33477**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **ADAMS, JOHN**
STREET ADDRESS **142255 US HIGHWAY 1**
CITY-ST-ZIP **JUNO BEACH FL**

TITLE **DP** ☐ Change ☒ Addition
NAME **Brent C. Murray**
STREET ADDRESS **135 Lighthouse Drive**
CITY-ST-ZIP **Jupiter, FL 33469**

TITLE **D** ☐ Delete
NAME **FRECHETTE, GARY**
STREET ADDRESS **3228 GUN CLUB RD**
CITY-ST-ZIP **W PALM BEACH FL**

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

TITLE **DP** ☒ Delete
NAME **PRAEG, DEBORAH**
STREET ADDRESS **15700 70TH TRAIL NORTH**
CITY-ST-ZIP **N. PALM BEACH FL 33418**

TITLE **D** ☒ Change ☐ Addition
NAME **Praeg, Deborah**
STREET ADDRESS **15700 70th Trail N**
CITY-ST-ZIP **North Palm Beach, FL 33418**

TITLE **D** ☐ Delete
NAME **HALE, JUANITA M**
STREET ADDRESS **429 SILVER BEACH ROAD**
CITY-ST-ZIP **LAKE PARK FL**

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

TITLE **D** ☐ Delete
NAME **MIDDLETON, PAM**
STREET ADDRESS **820 OCEAN DUNES CIRCLE**
CITY-ST-ZIP **JUPITER FL**

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

TITLE **DV** ☒ Delete
NAME **PRAEG, DEBORAH**
STREET ADDRESS **15700 70TH TRAIL N.**
CITY-ST-ZIP **N PALM BEACH FL**

TITLE **DV** ☐ Change ☒ Addition
NAME **Elaine Fitzgerald**
STREET ADDRESS **417 Harbour Road**
CITY-ST-ZIP **North Palm Beach, FL 33408**

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

1/22/03 561/43-1034

CR2E037 (10/02)