2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

FILED **DOCUMENT # 721412** Feb 14, 2000 8:00 am 1. Entity Name **Secretary of State** THE COMMUNITY DRUG AND ALCOHOL COUNCIL, INC. 02-14-2000 90056 027 ****61.25 Mailing Address Principal Place of Business **803 NORTH PALAFOX STREET** 803 NORTH PALAFOX STREET PENSACOLA FL 32501 PENSACOLA FL 32501-3113 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1380927 Not Applicable Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) HONEA, GAIL E. 8680 SCENIC HWY #12 PENSACOLA FL 32514 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition TITLE ☐ Delete MARCILLE, GREGORY NAME NAME STREET ADDRESS STREET ADDRESS PO BOX 12726 CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32575 ☐ Addition Change Delete TITLE TITLE McCoy, Cany P.O. Box 17129 MCCOY, CARY NAME NAME STREET ADDRESS STREET ADDRESS PO BOX 17129 CITY,-ST-ZIP. PENSACOLA, FG 32522 CITY-ST-ZIP PENSACOLA FL 32522 ☐ Change SD ☐ Addition TITLE ☐ Delete TITLE FUNK. ERICA NAME NAME STREET ADDRESS STREET ADDRESS 603 W CHASE ST CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32501 ☐ Change ☐ Addition TITLE ☐ Delete HONEA, GAIL NAME STREET ADDRESS STREET ADDRESS 803 N. PALAFOX ST. CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL Addition ☐ Change ☐ Delete TITLE Pat miller NAME NAME 2 N. PALAFOX ST. STREET ADDRESS STREET ADDRESS PENSACOLA, FL 32501 CITY-ST-ZIP CITY-ST-ZIP **Addition** ☐ Delete TITLE TITLE ocer Goldberg NAME NAME TAMBRIDGE CIRCLE 2675 STREET ADDRESS STREET ADDRESS FL 32503 CITY-ST-ZIP CITY-ST-7IP PENSACOLA, with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information for its 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 impowered of execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if ss, with all other like employments. 12. I hereby certify that the information supplied with this filling do indicated on this report or supplemental reports true and co of the corporation or the receiver or truste