

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90073 008 \*\*\*\*61.25

**DOCUMENT # 721412**

1. Entity Name

**THE COMMUNITY DRUG AND ALCOHOL COUNCIL, INC.**

Principal Place of Business

Mailing Address

803 NORTH PALAFOX STREET  
 PENSACOLA FL 32501

803 NORTH PALAFOX STREET  
 PENSACOLA FL 32501

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1380927

Applied For

Not Applicable

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

HONEA, GAIL E.  
 8680 SCENIC HWY #12  
 PENSACOLA FL 32514

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.

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	PD MARCILLE, GREGORY PO BOX 12726 PENSACOLA FL 32575	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCOY, CARY PO BOX 17129 PENSACOLA FL 32522	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FUNK, ERICA 803 W CHASE ST PENSACOLA FL 32501	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M HONEA, GAIL 803 N. PALAFOX ST. PENSACOLA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLER, PAT 2 N PALAFOX STREET PENSACOLA FL 32501	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOLDBERG, ROGER 2675 TAMBRIDGE CIRCLE PENSACOLA FL 32503	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Patricia Miller D 2 N. Palafox street Pensacola FL 32501	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary D Daggy Anderson 1000 college Blvd Bldg 5 Pensacola FL 32504	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer D Cary McCoy 803 Palafox street Pensacola FL <del>32501</del> 32514	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	First Vice President D Charles F. Ellis 1750 Radford Blvd Ste B Pensacola FL 32508	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Second Vice President D Roger Goldberg 2675 Tambridge circle Pensacola FL 32503	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Third Vice President D Williamae Stanberry PO Box 37044 Pensacola FL 32526	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/00)

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:

*Gail E. Honea*  
 Executive Director

3-1-2001 - 850-434-2724

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #