

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

02-10-2003 90117 007 ****70.00

FILED 723887

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 723887

1. Entity Name

COMPREHENSIVE ALCOHOLISM REHABILITATION PROGRAMS
, INC



Principal Place of Business

5400 EAST AVE
W. PALM BEACH FL 33407
US

Mailing Address

P.O. BOX 2507
WEST PALM BEACH FL 33402
US

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 59-1447364

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KURTZ, JOHN D
388 S. MILITARY TRAIL
WEST PALM BEACH FL 33415

7. Name and Address of New Registered Agent

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

TITLE P
NAME MILLER, PARK
STREET ADDRESS 2090 PALM BCH LAKES BLVD 200
CITY-ST-ZIP WEST PALM BEACH FL 33409 ☒ Delete

TITLE VD
NAME WILLIAMS, SCOTT
STREET ADDRESS 250 AUSTRALIAN AVE SOUTH
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☒ Delete

TITLE ~~SE~~ PRESIDENT
NAME ORLOVSKY, DONALD
STREET ADDRESS 1601 BELVEDERE RD., STE. 402
CITY-ST-ZIP WEST PALM BEACH FL 33406 ☐ Delete

TITLE ~~VE~~ VICE PRESIDENT
NAME CARPENTER, PEGGY
STREET ADDRESS 303 BANYAN BLVD., FIRST UNION BANK
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~SECRETARY~~
NAME DAVIS, ZELDA
STREET ADDRESS 3001 LAKE DRIVE
CITY-ST-ZIP SINGER ISLAND, FL 33404 ☐ Change ☒ Addition

TITLE ~~TREASURER~~
NAME HAMILTON, HARRY
STREET ADDRESS 800 NORTH PALM DRIVE
CITY-ST-ZIP WEST PALM BEACH, FL 33401 ☐ Change ☒ Addition

TITLE ~~PRESIDENT~~
NAME ORLOVSKY, DONALD
STREET ADDRESS 1601 BELVEDERE RD, STE 402
CITY-ST-ZIP WEST PALM BEACH, FL 33406 ☒ Change ☐ Addition

TITLE ~~VICE PRESIDENT~~
NAME CARPENTER, PEGGY
STREET ADDRESS 450 SOUTH AUSTRALIAN AVE
CITY-ST-ZIP WEST PALM BEACH, FL 33401 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 another line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

2/5/03

361-844-6400

CR2E037 (10/02)