2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2000 8:00 am
Secretary of State
06-05-2000 90017 009 ****61.25

DOCUMENT # 728992 f

1. Entity Name

ALCOHOLIC REHAB. INC.

Principal Place of Business	Mailing Address
2625 Market Street	2625 MARKET ST. Jacksonville, FL 32206

2. Principal Place of Business	3. Mailing Address
2625 Market Street	2625 Market Street
Suite, Apt. #, etc.: N/A	Suite, Apt. #, etc.: N/A
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32206 Country: U.S.	Zip: 32206 Country: U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 23-7410323 ☐ 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
EGAN, JAMES J. 9951 Atlantic Blvd. Ste. 404 Jacksonville, Florida 32225	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 d NAME George Neff (d) STREET ADDRESS 2625 Market St. CITY-ST-ZIP Jacksonville, FL 32206 President ☐ Delete Phone 359-0296	TITLE d NAME Joel Clark (d) STREET ADDRESS 601 N. Ocean St. CITY-ST-ZIP Jacksonville, FL 32202 President ☒ Change ☐ Addition Phone 358-8363
TITLE d NAME Joel Clark (d) STREET ADDRESS 601 N. Ocean St. CITY-ST-ZIP Jacksonville, FL 32202 Vice President ☐ Delete Phone 358-8363	TITLE d NAME Jimmy Williams (d) STREET ADDRESS 1409 W. Market St. CITY-ST-ZIP Jacksonville, FL 32206 Vice President ☒ Change ☐ Addition Phone 353-5236
TITLE NAME Dick Jones STREET ADDRESS 2625 Market St. CITY-ST-ZIP Jacksonville, FL 32206 2nd Vice President ☐ Delete Phone 359-0296	TITLE d NAME Rick Hotham (d) STREET ADDRESS 5150 Broadway Ave. CITY-ST-ZIP Jacksonville, FL 32254 2nd Vice President ☒ Change ☐ Addition Phone 384-9257
TITLE T NAME Tommy Sanders (d) STREET ADDRESS 1220 Lana Road CITY-ST-ZIP Yulee, FL 32097 Treasurer ☐ Delete Phone 225-5080	TITLE T NAME Tommy Sanders (T) STREET ADDRESS 1220 Lana Road CITY-ST-ZIP Yulee, FL 32097 Treasurer ☐ Change ☐ Addition Phone 225-5080
TITLE d NAME Traute Harris (d) STREET ADDRESS 1220 Lana Road CITY-ST-ZIP Yulee, FL 32097 Secretary ☐ Delete Phone 225-5080	TITLE T NAME Traute Harris (T) STREET ADDRESS 1220 Lana Road CITY-ST-ZIP Yulee, FL 32097 Secretary ☐ Change ☐ Addition Phone 225-5080
TITLE T NAME Jimmy Williams (T) STREET ADDRESS 1409 W. Market St. CITY-ST-ZIP Jacksonville, FL 32206 Alternate ☐ Delete Phone 353-5236	TITLE T NAME Kathleen Wollitz (T) STREET ADDRESS 2625 Market St. CITY-ST-ZIP Jacksonville, FL 32206 Alternate ☒ Change ☐ Addition Phone 359-0296

CR2E037 (9/99)

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: Joel Clark JOEL CLARK 4/21/00 359-0296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2000 UNIFORM BUSINESS REPORT (UBR)

REJECTED
06-05-2000 90017 009 ****61.25
728992

106975

DOCUMENT # 728992 f

1. Entity Name

ALCOHOLIC REHAB. INC.

Principal Place of Business	Mailing Address
2625 Market Street	2625 MARKET ST. Jacksonville, FL 32206

2. Principal Place of Business	3. Mailing Address
2625 Market Street	2625 Market Street
Suite, Apt. #, etc.: N/A	Suite, Apt. #, etc.: N/A
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32206 Country: U.S.	Zip: 32206 Country: U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 23-7410323 ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EGAN, JAMES J.
9951 Atlantic Blvd.
Ste. 404
Jacksonville, Florida 32225

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 d NAME President George Neff (d) STREET ADDRESS 2625 Market St. CITY-ST-ZIP Jacksonville, FL 32206 ☐ Delete Phone 359-0296	TITLE d NAME President Joel Clark (d) STREET ADDRESS 601 N. Ocean St. CITY-ST-ZIP Jacksonville, FL 32202 ☒ Change ☐ Addition Phone 358-8363
TITLE d NAME Vice President #2 Joel Clark (d) STREET ADDRESS 601 N. Ocean St. CITY-ST-ZIP Jacksonville, FL 32202 ☐ Delete Phone 358-8363	TITLE d NAME Vice President Jimmy Williams (d) STREET ADDRESS 1409 W. Market St. CITY-ST-ZIP Jacksonville, FL 32206 ☒ Change ☐ Addition Phone 353-5236
TITLE NAME 2nd Vice President Dick Jones STREET ADDRESS 2625 Market St. CITY-ST-ZIP Jacksonville, FL 32206 ☐ Delete Phone 359-0296	TITLE d NAME 2nd Vice President Rick Hotham (d) STREET ADDRESS 5150 Broadway Ave. CITY-ST-ZIP Jacksonville, FL 32254 ☒ Change ☐ Addition Phone 384-9257
TITLE T NAME Treasurer Tommy Sanders (T) STREET ADDRESS 1220 Lana Road CITY-ST-ZIP Yulee, FL 32097 ☐ Delete Phone 225-5080	TITLE T NAME Treasurer Tommy Sanders (T) STREET ADDRESS 1220 Lana Road CITY-ST-ZIP Yulee, FL 32097 ☐ Change ☐ Addition Phone 225-5080
TITLE d NAME Secretary Traute Harris (d) STREET ADDRESS 1220 Lana Road CITY-ST-ZIP Yulee, FL 32097 ☐ Delete Phone 225-5080	TITLE T NAME Secretary Traute Harris (T) STREET ADDRESS 1220 Lana Road CITY-ST-ZIP Yulee, FL 32097 ☐ Change ☐ Addition Phone 225-5080
TITLE T NAME Alternate Jimmy Williams (T) STREET ADDRESS 1409 W. Market St. CITY-ST-ZIP Jacksonville, FL 32206 ☐ Delete Phone 353-5236	TITLE T NAME Alternate Kathleen Wollitz (T) STREET ADDRESS 2625 Market St. CITY-ST-ZIP Jacksonville, FL 32206 ☒ Change ☐ Addition Phone 359-0296

CR2E037 (9/99)

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: Joel Clark JOEL CLARK 4/21/00 359-0296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #