

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739546

1. Entity Name

SPECIAL TRAINING AND REHABILITATION OF CHARLOTTE

Principal Place of Business

525 BOWMAN TERRACE
PORT CHARLOTTE FL 33953
US

Mailing Address

525 BOWMAN TERRACE
PORT CHARLOTTE FL 33953-2186
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

59-1805928

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

LANEUVILLE, BRYAN G.
525 BOWMAN TERRACE
PORT CHARLOTTE FL 33953

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	STTR HELPHENSTINE, JO ANNE 5570 RIVERSIDE DRIVE PUNTA GORDA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTR GRAHAM, BILL 1601 W MARION AVE PUNTA GORDA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTR CARR, DAROL 2315 AARON ST PT CHARLOTTE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO LANEUVILLE, BRYAN G. 525 BOWMAN TERRACE PORT CHARLOTTE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR HULL, ROBERT 2152 NUREMBERG BLVD. PORT CHARLOTTE FL 33982	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR SCHMITH, RICHARD 467 CHAMBER STREET PORT CHARLOTTE FL 33982	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BLANCHARD, EDWARD III 13700 LAKE POINT PORT CHARLOTTE, FL.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone

Bryan G. Laneuville, PCEO 01/10/00 (941)

629-5655

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90049 005 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)