

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758791

1. Entity Name

FLORIDA ALCOHOL AND DRUG ABUSE ASSOCIATION, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90114 037 ****61.25

Principal Place of Business

Mailing Address

1030 E LAFAYETTE ST #100
TALLAHASSEE FL 32301-1547

1030 E LAFAYETTE ST #100
TALLAHASSEE FL 32301-4547

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

59-2230587

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

DAIGLE, JOHN G
1030 E LAFAYETTE ST #100
TALLAHASSEE FL FL 32301-1547

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 P ☐ Delete
NAME BROWN, RICHARD
STREET ADDRESS 4612 NORTH 56TH STREET
CITY-ST-ZIP TAMPA FL 33610

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

TITLE TD ☐ Delete
NAME BELL, CHESTER W
STREET ADDRESS 120 MICHIGAN AVENUE
CITY-ST-ZIP DAYTON BEACH FL 32114

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

TITLE S ☐ Delete
NAME MIDDLETON, PAM
STREET ADDRESS 1016 NORTH CLEMONS STREET #406
CITY-ST-ZIP JUPITER FL 33477

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

TITLE ED ☐ Delete
NAME DAIGLE, JOHN
STREET ADDRESS 1030 E LAFAYETTE #100
CITY-ST-ZIP TALLAHASSEE FL

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

TITLE VPD ☐ Delete
NAME DICKERSON, PAUL
STREET ADDRESS 555 STOCKTON STREET
CITY-ST-ZIP JACKSONVILLE FL 32204

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

TITLE VPLA ☐ Delete
NAME JANES, BILL
STREET ADDRESS 4422 E. COLUMBUS DRIVE
CITY-ST-ZIP TAMPA FL 33605

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/2000

Date

850 878 2416

Daytime Phone #

CR2E037 (9/99)