# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 20, 2002 8:00 am**
**Secretary of State**
02-20-2002 90043 031 ****61.25

DOCUMENT # 758791

1. Entity Name

FLORIDA ALCOHOL AND DRUG ABUSE ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1030 E LAFAYETTE ST #100<br>TALLAHASSEE FL 32301-1547 | 1030 E LAFAYETTE ST #100<br>TALLAHASSEE FL 32301-1547 |

DO NOT WRITE IN THIS SPACE

| 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<br>1030 E LAFAYETTE ST #100<br>TALLAHASSEE FL FL 32301-1547 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 Carla J Bernard 1-30-02
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 | P<br>BROWN, KEVIN<br>2101 MCGREGOR BLVD<br>FORT MYERS FL 33901 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>Lewis Kevin<br>address the same | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>BEHREND, CASEY<br>4683 E STATE RD 540A<br>LAKELAND FL 33813 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Treasurer<br>John Swencki<br>1970 Main St, 3rd Floor<br>Sarasota FL 34236 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>MIDDLETON, PAM<br>1016 NORTH CLEMONS STREET #406<br>JUPITER FL 33477 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ED<br>DAIGLE, JOHN<br>1030 E LAFAYETTE #100<br>TALLAHASSEE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>SILHAN, MELISSA<br>1221 W LAKEVIEW AVE BLDG H<br>PENSACOLA FL 32501 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPLA<br>BELL, CHET<br>3875 TIGER BAY RD<br>DAYTONA BEACH FL 32124 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/01)

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 REQUIRED Carla J Bernard 1-30-02 8782196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #