

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90141 024 ****61.25

DOCUMENT # 762052

1. Entity Name

FLORIDA SCHOOL OF ADDICTIONS STUDIES, INC.

Principal Place of Business

Mailing Address

1725 ART MUSEUM DRIVE
 FSAS DEPARTMENT
 JACKSONVILLE FL 32207
 US

1725 ART MUSEUM DRIVE
 FSAS DEPARTMENT
 JACKSONVILLE FL 32207-2151
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2289161

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HOLLEY, JOEL R JR.
1725 ART MUSEUM DRIVE
FSAS DEPARTMENT
JACKSONVILLE FL 32207

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	DVP	<input type="checkbox"/> Delete
NAME	MILLER, TUNNIE	
STREET ADDRESS	3141 E. BUSINESS HWY. 98	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HOLLEY, JOEL R JR.	
STREET ADDRESS	1725 ART MUSEUM DR	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BRYAN, ELLA	
STREET ADDRESS	121 W. PENNSYLVANIA AVENUE	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	DPP	<input type="checkbox"/> Delete
NAME	DICKERSON, PAUL	
STREET ADDRESS	555 STOCKTON STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	MACPHERSON, RUSSELL	
STREET ADDRESS	P.O. BOX 1921	
CITY-ST-ZIP	SANFORD FL 32772	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 R. HOLLEY, JR.* JOEL R. HOLLEY, JR. 1/06/00 (904) 399-3119 Ext. 126

CR2E037 (9/99)