

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762052

1. Entity Name

FLORIDA SCHOOL OF ADDICTIONS STUDIES, INC.

FILED

Jan 27, 2000 8:00 am
Secretary of State

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

Principal Place of Business
1725 ART MUSEUM DRIVE
FSAS DEPARTMENT
JACKSONVILLE FL 32207
US

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

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2289161
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
HOLLEY, JOEL R JR.
1725 ART MUSEUM DRIVE
FSAS DEPARTMENT
JACKSONVILLE FL 32207

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 _____
(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

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	DP	<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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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. 1/06/00 (904) 399-3119 Ext. 126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)