

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 771315

1. Entity Name

COMA RECOVERY ASSOCIATION OF SOUTH FLORIDA, INC.

Principal Place of Business

1181 NE 200 ST
N MIAMI BEACH FL 33179

Mailing Address

1181 NE 200 ST
N MIAMI BEACH FL 33179-2664

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2340426

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHENK, THEODORE
1181 NE 200 ST
N MIAMI BEACH FL 33179

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

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

TITLE CD ☐ Delete
NAME SCHENK, AUDREY
STREET ADDRESS 1181 NE 200TH STREET
CITY-ST-ZIP N. MIAMI BEACH FL

TITLE DP ☐ Delete
NAME BROWN, BERT
STREET ADDRESS 6435 S.W. 102ND ST.
CITY-ST-ZIP MIAMI FL

TITLE VD ☐ Delete
NAME BERNARD, DARYL
STREET ADDRESS 845 NE 121 STR
CITY-ST-ZIP NO MIAMI FL

TITLE VSD ☐ Delete
NAME SACHS, BETTE
STREET ADDRESS 12325 S.W. 31ST ST.
CITY-ST-ZIP MIAMI FL

TITLE TD ☐ Delete
NAME SCHENK, TED
STREET ADDRESS 1181 NE 200TH STREET
CITY-ST-ZIP N. MIAMI BEACH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Theodore Schenk*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 8, 2000 305-651-7554
Date Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE