

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 819950

1. Entity Name

RECOVERY INCORPORATED, THE ASSOC. OF NERVOUS AND

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90103 046 ****61.25

Principal Place of Business

Mailing Address

802 N. DEARBORN ST
CHICAGO IL 60610

802 N. DEARBORN ST
CHICAGO IL 60610-3317

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-2041667

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

WACHENDORF, GEORGE

754 GULF LIFE TOWER, 1301 GULF LIFE DR
JACKSONVILLE FL

Name *Mary K. Reetz*

Street Address (P.O. Box Number is Not Acceptable)

7509 Lovely Lane

City *Orlando*

FL

Zip Code *32810*

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

Mary K. Reetz

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 | D | <input type="checkbox"/> Delete |
| NAME | LUCIEN, LAURETTA | |
| STREET ADDRESS | 9025 DEKOVEN DRIVE | |
| CITY-ST-ZIP | TACOMA WA 98499 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | COX, ELDON | |
| STREET ADDRESS | 3647 S. LAURELCREST | |
| CITY-ST-ZIP | SALT LAKE CITY UT 84109 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CASEY, MAL | |
| STREET ADDRESS | 45 BUTLET | |
| CITY-ST-ZIP | MAPLEWOOD NJ 07040 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | ELRD, JAN | |
| STREET ADDRESS | 3075 PETERS WAY | |
| CITY-ST-ZIP | SAN DIEGO CA 92117 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RYAN, TOM | |
| STREET ADDRESS | PO BOX 421 N/A/ | |
| CITY-ST-ZIP | PECK SLIP STATION NY 10272 | |
| TITLE | AS | <input type="checkbox"/> Delete |
| NAME | SACHS, SHIRLEY | |
| STREET ADDRESS | 802 N DEARBORN | |
| CITY-ST-ZIP | CHICAGO IL 60610 | |

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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <i>Hal Casey</i> |
| STREET ADDRESS | <i>45 BURNET ST.</i> |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <i>Tom Ryan</i> |
| STREET ADDRESS | <i>4 Stuyvesant Oval #12C</i> |
| CITY-ST-ZIP | <i>New York, NY 10009</i> |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Shirley Sachs (SHIRLEY SACHS)

Date

Daytime Phone #

2/9/2000 (312) 337-5661

CR2E037 (9/99)

RECOVERY, INC., BOARD OF DIRECTORS, 1999 - 2000

| | <u>HOME/OFFICE</u> | <u>FAX</u> |
|---|---------------------------------------|-------------------------------------|
| HAL CASEY 45 BURNET STREET MAPLEWOOD, NJ 07040 | (973) 762-0764 | |
| *ELDON COX 3647 S. LAURELCREST SALT LAKE CITY, UT 84109 | (801) 277-7579 | (801) 277-9567 |
| BOB DEY 1730 CAMINO PALMERO ST., #4 LOS ANGELES, CA 90046 | (323) 850-5797 | SAME |
| LAURA JANNETTA 984 OXFORD BERKELEY, MI 48072 | (248) 398-9065 | SAME |
| JEAN KEOGH 13 CRONIN AVE., PORT TALBOT W. GLAMORGAN, SOUTH WALES U.K. SA126BE | 011-44-1639-897-672 | |
| *DOROTHY KERCHNER 5898 OMEARA PLACE CINCINNATI, OH 45213 | (513) 531-3793 | |
| BETTY LICHTENSTEIN 4509 WOODLARK PLACE ROCKVILLE, MD 20853 | (301) 871-1621 | (301) 871-2581 |
| *LAURETTA LUCIEN 9025 DEKOVEN DRIVE TACOMA, WA 98499 | (253) 588-0125 | (253) 588-2112 |
| *ROBERT MACINTYRE 11986 JAQUAY ROAD COLUMBIA STATION, OH 44028 | (440) 236-8841 | (440) 236-8956 |
| FLORETTA MORRIS 1634 RONSON HOUSTON, TX 77055-3222 | (713) 468-3459 | (713) 468-6011 |
| *TOM RYAN P.O. BOX 421 PECK SLIP STATION NY, NY 10272-0421 | (212) 252-3467 (WK) (212) 475-6006 | (212) 252-3467 CALL OFFICE FIRST |
| *MARILYN SCHICKER 45 WINSTON WOODS BROCKPORT, NY 14420 | (716) 395-1961 | SAME |
| *Executive Committee | | |