

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000003945

1. Entity Name

HEALING VISIONS INSTITUTE FOR ADDICTION RECOVERY

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90078 020 \*\*\*150.00

Principal Place of Business

Mailing Address

2411 HOLLYWOOD BOULEVARD  
HOLLYWOOD FL 33020

2411 HOLLYWOOD BOULEVARD  
HOLLYWOOD FL 33020-6605

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

98-0174993

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

GELLER, JOSEPH S  
2411 HOLLYWOOD BOULEVARD  
HOLLYWOOD FL 33020

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MASH, DEBORAH C  
CITY-ST-ZIP 2411 HOLLYWOOD BOULEVARD  
HOLLYWOOD FL 33020

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS GELLER, JOSEPH S  
CITY-ST-ZIP 2411 HOLLYWOOD BOULEVARD  
HOLLYWOOD FL 33020

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS KUEHNE, BENEDICT P  
CITY-ST-ZIP 100 S.E. 2ND STREET #3550  
MIAMI FL 33131

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME TD  
STREET ADDRESS TYLER, MICHAEL  
CITY-ST-ZIP 1030 ALHAMBRA CIRCLE  
CORAL GABLES FL 33134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME PD  
STREET ADDRESS KUEHNE, BENEDICT P  
CITY-ST-ZIP 100 SE 2ND STREET #3550  
MIAMI FL 33131

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS TALMERS, LYDIA  
CITY-ST-ZIP 30310 RCR 14E  
STEAMBOAT, CO 80477

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME S  
STREET ADDRESS HEARN, W. LEE  
CITY-ST-ZIP 6321 SW 136 AVENUE  
FT. LAUDERDALE, FL 33330

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)