

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 15, 2001 8:00 am
Secretary of State

0104895

05-15-2001 90199 048 ***150.00

DOCUMENT # F96000003945

1. Entity Name

HEALING VISIONS INSTITUTE FOR ADDICTION RECOVERY

Principal Place of Business

**2411 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33020**

Mailing Address

**2411 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33020****00053403**

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 **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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	MASH, DEBORAH C	2411 HOLLYWOOD BOULEVARD HOLLYWOOD FL 33020				
	VD	GELLER, JOSEPH S	2411 HOLLYWOOD BOULEVARD HOLLYWOOD FL 33020				
	PD	KUEHNE, BENEDICT P	100 S.E. 2ND STREET #3550 MIAMI FL 33131				
	TD	TYLER, MICHAEL	1030 ALHAMBRA CIRCLE CORAL GABLES FL 33134		TD	TYLER, MICHAEL	1031 ALHAMBRA CIRCLE CORAL GABLES, FL 33134
	D	TALMERS, LYDIA	30310 RCR 14E STEAMBOAT CO 80477				
	S	HEARN, LEE W	6321 SW 136 AVE FORT 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 (10/00)