

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90155 022 ****61.25

DOCUMENT # F97000005622

1. Entity Name

FLORIDA ADDICTIONS TREATMENT ALUMNI/F.A.T.A., IN

Principal Place of Business

Mailing Address

113 MCKEAN ST.
 AUBURDALE FL 33823

113 MCKEAN ST.
 AUBURDALE FL 33823-3215

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 1361

City & State

City & State

Auburndale, FL

Zip-

Country

Zip

Country

33823-1361 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3164260

Applied For

Not Applicable

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

FLENTKE, DONALD
113 MCKEAN ST.
AUBURDALE FL 33823

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PSDC FLEUTKE, DONALD L**
 STREET ADDRESS **113 MCKEAN ST.**
 CITY-ST-ZIP **AUBURDALE FL 33823**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D WORKMAN, LARRY D**
 STREET ADDRESS **540 TANGLEWOOD DR.**
 CITY-ST-ZIP **AUBURDALE FL 33823**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D CALLAWAY, RONALD K**
 STREET ADDRESS **2582 TURNHILL RD.**
 CITY-ST-ZIP **AUBURDALE FL 33823**

TITLE Change Addition
 NAME *M. W. Dupree*
 STREET ADDRESS *# 12 sandy lane*
 CITY-ST-ZIP *Auburndale, FL. 33823*

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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)(l), 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: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 2000

Date

Daytime Phone #