

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K22824

1. Entity Name

LA AMISTAD RESIDENTIAL TREATMENT CENTER, INC.

FILED

00 JAN 14 PM 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

201 ALPINE DR  
1200 SOUTH PINE ISLAND ROAD  
MAITLAND FL 32751  
US

367 S GULPH ROAD  
PO BOX 61558  
KING OF PRUSSIA PA 19406-0958  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-1791069

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 PD ☐ Delete  
NAME MILLER, ALAN B.  
STREET ADDRESS 367 S GULPH RD  
CITY-ST-ZIP KING OF PRUSSIA PA

TITLE ☐ Change ☐ Add  
NAME **600003103856--9**  
STREET ADDRESS **-01/20/00--01022--007**  
CITY-ST-ZIP **\*\*\*\*150.00 \*\*\*\*150.00**

TITLE V ☐ Delete  
NAME FILTON, STEVE  
STREET ADDRESS 367 S GULPH RD  
CITY-ST-ZIP KING OF PRUSSIA PA

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

TITLE VD ☒ Delete  
NAME BENDER, THOMAS J.  
STREET ADDRESS 367 S GULPH RD  
CITY-ST-ZIP KING OF PRUSSIA PA

TITLE ☒ Change ☒ Add  
NAME **VD**  
STREET ADDRESS **Osteen, Debra**  
CITY-ST-ZIP **367 S. Gulph Rd.**  
**King of Prussia PA**

TITLE S ☐ Delete  
NAME GILBERT, BRUCE R.  
STREET ADDRESS 367 S GULPH RD.  
CITY-ST-ZIP KING OF PRUSSIA PA

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

TITLE T ☐ Delete  
NAME GORMAN, KIRK E.  
STREET ADDRESS 367 S GULPH RD.  
CITY-ST-ZIP KING OF PRUSSIA PA

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

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 REQUIRED**  
**Signature and Typed or Printed Name of Signing Officer or Director**  
**Bruce R. Gilbert**

Date

Daytime Phone #

**1/5/2000**  
**610-768-3300**