

# 2002 UNIFORM BUSINESS REPORT (UBR)

U.S. DE. 4 AI

DOCUMENT # **K22824**

1. Entity Name  
**LA AMISTAD RESIDENTIAL TREATMENT CENTER, INC.**

FILED

02 JAN 16 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**201 ALPINE DR  
1200 SOUTH PINE ISLAND ROAD  
MAITLAND FL 32751  
US**

Mailing Address  
**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

4. FEI Number **58-1791069**

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

**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, 2002 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 **PD MILLER, ALAN B.**  
STREET ADDRESS **367 S GULPH RD**  
CITY-ST-ZIP **KING OF PRUSSIA PA**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **100004881261--3**  
CITY-ST-ZIP **-02/05/02--01082--001**  
**\*\*\*1200.00 \*\*\*\*150.00**  
☐ Change ☐ Addition

TITLE ☐ Delete  
NAME **V FILTON, STEVE**  
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 **VD OSTEEN, DEBRA**  
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 **S GILBERT, BRUCE R.**  
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 **T 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: Bruce R. Gilbert 1/8/02 610-768-3300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)