

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K54373

1. Entity Name

FAMILY ALTERNATIVES/COUNSELING & TREATMENT SERVI

FILED

Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90107 038 ***150.00

605063



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3175 SOUTH CONGRESS AVENUE
SUITE 210
LAKE WORTH FL 33461
US

Mailing Address

P.O. BOX 5888
LAKE WORTH FL 33466-5888
US

2. Principal Place of Business

3. Mailing Address

3175 S. CONGRESS AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 210

City & State

City & State

LAKE WORTH, FL

4. FEI Number

65-0099459

Applied For

Not Applicable

Zip

Country

Zip

Country

33461

USA

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

WILSON, JERRY A.
14889 TANGELO BOULEVARD
PALM BEACH GARDENS FL 33412

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

NAME

STREET ADDRESS

CITY-ST-ZIP

PSD
WILSON, BILLIE H.
1488 TANGELO BOULEVARD
PALM BEACH GARDENS FL

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VTD
WILSON, JERRY A.
14889 TANGELO BOULEVARD
PALM BEACH GARDENS FL

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

~~VD~~
~~STONE, TERRI W.~~
~~404 S 14TH STREET~~
~~LANTANA FL 33402~~

☒ Delete

TITLE

NAME

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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:

Jerry A. Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/05/2000

Date

561-968-2370

Daytime Phone #

CR2E034 (9/99)