

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90065 019 \*\*\*\*61.25

**DOCUMENT # N00000003218**

1. Entity Name

**INTENTIONAL INTERVENTION PROGRAM, INC.**

Principal Place of Business  
**7177 So. U.S. ONE**  
**8925 SW HILL ST.**  
**PORT ST. LUCIE FL 34983**

Mailing Address  
**443 NW Canterbury Ct**  
**8925 SW HILL ST.**  
**PORT ST. LUCIE FL 34983**

2. Principal Place of Business  
**7177 So. U.S. ONE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**443 NW Canterbury Ct.**  
 Suite, Apt. #, etc.

City & State  
**Pt St Lucie**  
 Zip  
**34983** Country

City & State  
**Pt St Lucie**  
 Zip  
**34983** Country  
**ST Lucie**

4. FEI Number  
**31-1689133**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DIDWAY, TONY**  
**8925 SW HILL ST.**  
**PORT ST. LUCIE FL 34983**

7. Name and Address of New Registered Agent

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:**  
**FEES 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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition  
**President**  
**Tony Didway**  
**443 NW Canterbury Ct**  
**Pt St Lucie FL 34983**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition  
**Secretary**  
**Angela Didway**  
**443 NW Canterbury Ct**  
**Pt St Lucie FL 34983**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition  
**Treasurer**  
**Hugh Curran**  
**1517 SE Crown St**  
**Pt St Lucie FL 34983**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition  
**Jennifer Mamone**  
**1402 SW Irving St**  
**Pt St Lucie FL 34983**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition  
**James Gardner**  
**1601 N 27th**  
**Ft Pierce FL 34946**

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

12. 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 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:

**Angela J. Didway**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Angela J. Didway**  
 Date

Daytime Phone #

CR2E037 (10/00)