

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90138 017 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # NO1000001057

1. Entity Name

NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE TAMPA, INC.

Principal Place of Business

Mailing Address

18609 CHEMILLE DR.
 LUTZ FL 33549

18609 CHEMILLE DR.
 LUTZ FL 33549

2. Principal Place of Business

16017 N. FLORIDA AVE

3. Mailing Address

16017 N. FLORIDA AVE

Suite, Apt. #, etc.

#108

Suite, Apt. #, etc.

#108

City & State

Lutz, FL

City & State

Lutz, FL

4. FEEL Number

59-0705335

Applied For

Not Applicable

Zip

33549

Country

FLORIDA

Zip

33549

Country

FLORIDA

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

STRAWBERRY, CHARISSE A
 18609 CHEMILLE DR.
 LUTZ FL 33549

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
 min. will be \$236.25.

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 D ☐ Delete
 NAME FORNACI, ADELE SMITHERS
 STREET ADDRESS 703 GUISSANDO DE AVILLA
 CITY-ST-ZIP TAMPA FL 33613

TITLE DIRECTOR ☐ Change ☒ Addition
 NAME JOHN A. BYCZEK
 STREET ADDRESS 14608 Dartmoor Lane
 CITY-ST-ZIP Tampa, FL 33624

TITLE D ☒ Delete
 NAME MILLER, BRUCE D.C.
 STREET ADDRESS 2942 W. COLUMBUS DR.
 CITY-ST-ZIP TAMPA FL 33607

TITLE DIRECTOR ☐ Change ☒ Addition
 NAME JEFFREY SUAREZ
 STREET ADDRESS 12718 CASEY ROAD
 CITY-ST-ZIP TAMPA, FL 33624

TITLE D ☐ Delete
 NAME NEDERLANDER, DAWN
 STREET ADDRESS 5 JENNIFER CT.
 CITY-ST-ZIP RANCHO MIRAGE CA

TITLE DIRECTOR ☐ Change ☒ Addition
 NAME BENJAMIN HELDFOND
 STREET ADDRESS 15438 NORTH FLORIDA AVE #200
 CITY-ST-ZIP TAMPA, FLORIDA 33613

TITLE D ☐ Delete
 NAME NEDERLANDER, SCOTT
 STREET ADDRESS 5 JENNIFER CT.
 CITY-ST-ZIP RANCHO MIRAGE CA

TITLE DIRECTOR ☐ Change ☒ Addition
 NAME TERRY GARRETT
 STREET ADDRESS 17508 GUNN HIGHWAY
 CITY-ST-ZIP ODESSA, FLORIDA 33556

TITLE D ☒ Delete
 NAME HAUSER, PATRICIA R.N.
 STREET ADDRESS 4025 TAMPA RD., STE. 1120
 CITY-ST-ZIP OLDSMAR FL 34677

TITLE DIRECTOR ☐ Change ☒ Addition
 NAME LAURIE FRITZSCHE
 STREET ADDRESS 18925 ST. LAURENT DRIVE
 CITY-ST-ZIP LUTZ, FLORIDA 33588

TITLE D ☒ Delete
 NAME KOSLOW, MARVIN
 STREET ADDRESS 87 ELEVENTH ST.
 CITY-ST-ZIP GARDEN CITY NY 11530

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)(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:

[Signature]

8/5/02

(813) 969-3708

CR2E037 (4/02)