

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000001057

FILED
May 19, 2003
Secretary of State

Entity Name: NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE TAMPA, INC.

Current Principal Place of Business:

16017 N FLORIDA AVE
#108
LUTZ, FL 33549

New Principal Place of Business:

2701 W. BUSCH BOULEVARD
206
TAMPA, FL 33618

Current Mailing Address:

16017 N FLORIDA AVE
#108
LUTZ, FL 33549

New Mailing Address:

2701 W. BUSCH BOULEVARD
206
TAMPA, FL 33618

FEI Number: 59-3705335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRAWBERRY, CHARISSE A
18609 CHEMILLE DR.
LUTZ, FL 33549

Name and Address of New Registered Agent:

STRAWBERRY, CHARISSE A
5118 RUE VENDOME
LUTZ, FL 33549

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: CHARISSE STRAWBERRY

05/19/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FORNACI, ADELE SMITHERS
Address: 703 GUI SANDO DE AVILLA
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: BYCZEK, JOHN A
Address: 14608 DARTMOOR LANE
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: NEDERLANDER, DAWN
Address: 5 JENNIFER CT.
City-St-Zip: RANCHO MIRAGE, CA

Title: D () Delete
Name: NEDERLANDER, SCOTT
Address: 5 JENNIFER CT.
City-St-Zip: RANCHO MIRAGE, CA

Title: D () Delete
Name: SUAREZ, JEFFREY
Address: 12718 CASEY ROAD
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: HELDFOND, BENJAMIN
Address: 15438 NORTH FLORIDA AVE #200
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADELE SMITHERS-FORNACI

MRS

05/19/2003

Electronic Signature of Signing Officer or Director

Date