

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVAL
AND
FILED

DOCUMENT # N01000004299

1. Entity Name
**SAINT LUCIE TREATMENT, EDUCATION AND
PREVENTION PROGRAMS INC.**



03 MAY 21 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
748 JENSEN BEACH BLVD.
JENSEN BEACH, FL 34957

Mailing Address
748 JENSEN BEACH BLVD.
JENSEN BEACH, FL 34957

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0384706

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, ROBERT R.
1302 SW MAPLEWOOD DR.
PORT ST. LUCIE, FL 34986

10980 S. Ocean Dr.
Jensen Beach, FL
34957

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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MAYER, TIMOTHY
STREET ADDRESS 1651 SW ANGLICO LANE
CITY-ST-ZIP PORT ST. LUCIE, FL 34984

TITLE D ☐ Delete
NAME BAUGHMAN, JAMES C
STREET ADDRESS 1623A LAUREL LEAF LANE
CITY-ST-ZIP FT. PIERCE, FL 34950

TITLE D ☐ Delete
NAME GAWLAK, NEIL R
STREET ADDRESS 4609 MAGNOLIA DR.
CITY-ST-ZIP FT. PIERCE, FL 34992

TITLE D ☐ Delete
NAME THOMPSON, ROBERT R
STREET ADDRESS 1302 SW MAPLEWOOD DR.
CITY-ST-ZIP PORT ST. LUCIE, FL 34986

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition
400020288984
05/30/03--01056--008 **61.25

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition
10980 S. Ocean Dr.
Jensen Beach, FL 34957

☐ Change ☐ Addition

☐ 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:

Robert R Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/03

772-370-9879

Date

Daytime Phone #

CR2E037 (10/02)