

FILED  
Apr 21, 2002 8:00 am  
Secretary of State

03-27-2002 90026 007 \*\*\*\*61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000005760

1. Entity Name

FLORIDA SUBSTANCE ABUSE CONSORTIUM, INC.

Principal Place of Business

Mailing Address

501 E. TENNESSEE ST.  
TALLAHASSEE FL 32308

501 E. TENNESSEE ST.  
TALLAHASSEE FL 32308

- 24347



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STIVERS, H.B.  
245 E. VIRGINIA ST.  
TALLAHASSEE FL 32301

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: FEE 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D  Delete  
NAME: CAUFFIELD, CHRISTINE  
STREET ADDRESS: 3830 BEE RIDGE RD.  
CITY-ST-ZIP: SARASOTA FL 34233

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

TITLE: D  Delete  
NAME: DIAZ, PHILLIP  
STREET ADDRESS: 5644 COLCORD AVE.  
CITY-ST-ZIP: JACKSONVILLE FL 32211

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

TITLE: D  Delete  
NAME: BISHOP, BARNEY  
STREET ADDRESS: 501 E. TENNESSEE ST.  
CITY-ST-ZIP: TALLAHASSEE FL 32308

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

TITLE:  Delete  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

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TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
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: *Barney Bishop* Director 02/18/02 850 201 4433

CR2E037 (9/01)