

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90075 026 *****61.25

DOCUMENT # N01000006410

1. Entity Name

**THE NATIONAL ASSOCIATION OF THERAPEUTIC SCHOOLS
 & PROGRAMS, INC.**

Principal Place of Business

Mailing Address

**1537 LAKEVIEW RD STE B
 CLEARWATER FL 33758-4949**

**P.O.BOX 4949
 CLEARWATER FL 33758-4949**

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

77-0511753

Applied For

Not Applicable

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

**ANDERSON, MOODY L
 1537 LAKEVIEW RD STE B
 CLEARWATER FL 33758-4949**

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: 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 ☐ Delete
 NAME **D ALBRECHT, DIANE**
 STREET ADDRESS **1255 POST ST STE 1001**
 CITY-ST-ZIP **SAN FRANCISCO CA 94109**

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

TITLE ☐ Delete
 NAME **D ALLGOOD, MICHAEL**
 STREET ADDRESS **P.O.BOX 1064**
 CITY-ST-ZIP **WHITMORE CA 96096**

TITLE ☒ Change ☐ Addition
 NAME **DVP Allgood, Michael**
 STREET ADDRESS **P.O. Box 1064**
 CITY-ST-ZIP **Whitmore, CA 96096**

TITLE ☒ Delete
 NAME **D CROWELL, SUE**
 STREET ADDRESS **911 PREACHER CREEK RD**
 CITY-ST-ZIP **SHOSHONE ID 83352**

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

TITLE ☐ Delete
 NAME **DP DELAMARE, KIMBALL**
 STREET ADDRESS **2560 W 2700 S**
 CITY-ST-ZIP **SYRACUSE UT 94075**

TITLE ☒ Change ☐ Addition
 NAME **D DelAMARE, Kimball**
 STREET ADDRESS **2560 W 2700S**
 CITY-ST-ZIP **SYRACUSE, UT 94075**

TITLE ☐ Delete
 NAME **D RIDDLE, PENNY**
 STREET ADDRESS **P.O.BOX 1303 119 S HILL RD**
 CITY-ST-ZIP **TROUT CREEK MT 59874**

TITLE ☒ Change ☐ Addition
 NAME **DR Riddle, Penny**
 STREET ADDRESS **PO Box 1303, 119S Hill Rd**
 CITY-ST-ZIP **TROUT CREEK MT 59874**

TITLE ☒ Delete
 NAME **D LINDSEY, GREG**
 STREET ADDRESS **830 HIDDEN LAKE RD**
 CITY-ST-ZIP **DAHLONEGA GA 30533**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-02 (727)442-7667

Date Daytime Phone #

CR2E037 (9/01)

Attachment Document # No 1000006410
National Association of Therapeutic Schools and Programs
Additional Board of Directors 928826

D/T
John Mercer
P.O. Box 980
Condon, MT 59826

D
Susan Burden
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D
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D
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D
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D
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409 East 48th, Suite 1 A
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D
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Marion, MT 59925

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D
Eugene Thorne
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D
Will White
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Fryeburg, ME 04037