

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90362 035 ****61.25

0055163

DOCUMENT # N40170

1. Entity Name

THE PARTNERSHIP FOR A DRUG-FREE FLORIDA, INC.

Principal Place of Business

Mailing Address

1001 ALTERNATE A1A
 JUPITER FL 33477
 US

1001 ALTERNATE A1A
 JUPITER FL 33477
 US

816566



DO NOT WRITE IN THIS SPACE

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

65-0230971

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

BUSH, KATHLEEN
 1001 ALTERNATE A1A
 JUPITER FL 33477

Name

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

City

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 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

D
 HALL, THOMAS
 SUITE 2760-ONE TAMPA CITY CENTER
 TAMPA FL

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

DPTS
 STILES, CHARLES B.
 12539 BARRINGTON COURT SW
 FT. MYERS FL

TITLE NAME ☒ Delete
 STREET ADDRESS
 CITY-ST-ZIP

D
 SHELTON, DICK
 338 COLLEGE AVE.
 TALLAHASSEE FL

TITLE NAME ☒ Delete
 STREET ADDRESS
 CITY-ST-ZIP

D
 MAPES, LYNN
 206 MORTON ST.
 GRASSY KEY FL

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

KA

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
 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:

Charles B. Stiles
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-2-201 561-575-5652

CR2E037 (10/00)