

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 13, 2000 8:00 am
Secretary of State
07-13-2000 90013 024 ****70.00

DOCUMENT # N40689

1. Entity Name

NEWLIFE ADDICTIONS PROGRAM, INC.

Principal Place of Business

8843 SAN JOSE BLVD
SAN JOSE CENTER SUITE 2
JACKSONVILLE FL 32217
US

Mailing Address

8843 SAN JOSE BLVD.
SAN JOSE CENTER SUITE 2
JACKSONVILLE FL 32217
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3041351

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

MCPHILAMY, WILLIAM P
8843 SAN JOSE BLVD
SAN JOSE CENTER #2
JACKSONVILLE FL 32217

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

After September 13, 2000 min. will be \$236.25

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
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

EDCB
MCPHILAMY, WILLIAM P
8843 SAN JOSE BLVD, #2
JACKSONVILLE FL 32217

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

OD
HARMON, ROXANNE A.
2009 PARADISE COURT, NE
PALM BAY FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

OD
RIVERA-KOLD, KENNETH
176 S. ATLANTIC AVE.
COCOA BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dr. Wm P. McPhilamy-July 7, 2000

Date

(904) 733-4577

Daytime Phone #