

2000 UNIFORM BUSINESS REPORT (UBR)

8.

DOCUMENT # N46471

1. Entity Name

FLORIDA SCHOOL OF ADDICTIONS STUDIES, ALUMNI ASS



FILED
Aug 24, 2000 8:00 am
Secretary of State

08-16-2000 90009 009 ****70.00

Principal Place of Business

Mailing Address

828 INGLESIDE AVE
JACKSONVILLE FL 32205

828 INGLESIDE AVE
JACKSONVILLE FL 32205

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

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

MOOREHOUSE, TEDDY
828 INGLESIDE AVE
JACKSONVILLE FL 32205

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 \$238.25

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	PD	<input checked="" type="checkbox"/> Delete
NAME	MOOREHOUSE, TEDDY L	
STREET ADDRESS	828 INGLESIDE AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WAGNER, ANDREW J II	
STREET ADDRESS	1713B CROWDER RD	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PAGEL, LAUREEN	
STREET ADDRESS	216 CITRONA DRIVE	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andrew Wagner J II	
STREET ADDRESS	1713 B Crowder Rd	
CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Matthew Cook	
STREET ADDRESS	7016 52nd way	
CITY-ST-ZIP	Pinellas Park, FL 33781	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pagel, Laureen	
STREET ADDRESS	216 Citrona Drive	
CITY-ST-ZIP	Fernandina Beach FL 32034	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-00

Date

904-261-9453

Daytime Phone #

CP2E037 (5/00)