

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46471

1. Entity Name

FLORIDA SCHOOL OF ADDICTIONS STUDIES, ALUMNI ASS

FILED
Aug 08, 2001 8:00 am
Secretary of State

08-08-2001 90011 043 ****61.25

Principal Place of Business

828 INGLESIDE AVE
JACKSONVILLE FL 32205

Mailing Address

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

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

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

PD
WAGNER, ANDREW J II
1713B CROWDER RD
TALLAHASSEE FL 32303

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Treasurer
Wagner, Andrew
Same

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
PAGEL, LAUREEN
216 CITRONA DRIVE
FERNANDINA BEACH FL 32034

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President
Pagel, Laureen
Same

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
COOK, MATTHEW
7016 52ND WAY
PINELLAS PARK FL 33781

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

Laureen Pagel

RECEIVED

8-2-01

904-261-1996

0010843

CR2E037 (10/00)