

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N46471

FILED  
Apr 29, 2003  
Secretary of State

**Entity Name:** FLORIDA SCHOOL OF ADDICTIONS STUDIES, ALUMNI ASSOCIATION, INC.

**Current Principal Place of Business:**

5701 89TH AVE NORTH  
PINELLAS PARK, FL 33782

**New Principal Place of Business:**

**Current Mailing Address:**

5701 89TH AVE NORTH  
PINELLAS PARK, FL 33782

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOOREHOUSE, TEDDY  
828 INGLESIDE AVE  
JACKSONVILLE, FL 32205

**Name and Address of New Registered Agent:**

COOK, MATTHEW E  
5701 89TH AVENUE NORTH  
PINELLAS PARK, FL 33782

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: MATTHEW E. COOK

04/29/2003

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: WAGNER, ANDREW J II  
Address: 1713B CROWDER RD  
City-St-Zip: TALLAHASSEE, FL 32303

Title: PD ( ) Delete  
Name: PAGEL, LAUREEN  
Address: 216 CITRONA DRIVE  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VD ( ) Delete  
Name: COOK, MATTHEW  
Address: 7016 52ND WAY  
City-St-Zip: PINELLAS PARK, FL 33781

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TD (X) Change ( ) Addition  
Name: WILSON, MICHELLE  
Address: 1401 DUNCAN LOOP NORTH, #301  
City-St-Zip: DUNEDIN, FL 34698

Title: VD (X) Change ( ) Addition  
Name: DEMING, MEREDITH  
Address: 304 S. HABANA AVENUE  
City-St-Zip: TAMPA, FL 33609

Title: PD (X) Change ( ) Addition  
Name: COOK, MATTHEW  
Address: 7016 52ND WAY  
City-St-Zip: PINELLAS PARK, FL 33782

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW E. COOK

PD

04/29/2003

Electronic Signature of Signing Officer or Director

Date