

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N92000000726**

1. Entity Name

CRISIS APPROACH PROGRAMS ASSOCIATION, INCORPORAT

Principal Place of Business

P.O. BOX 814
BOCA RATON FL 33429

Mailing Address

PO BOX 447
NATRONA HEIGHTS PA 15065

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

25-1697922

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

**CELANE, TINA
7850 FAIRWAY TR.
BOCA RATON FL 33487**

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

TITLE **D** ☐ Delete
NAME **GREENE, THERESA**
STREET ADDRESS **2200 NE 66TH ST**
CITY-ST-ZIP **FT LAUDERDALE FL 33308**TITLE **D** ☐ Delete
NAME **CELANE, TINA**
STREET ADDRESS **7850 FAIRWAY-TRAIL**
CITY-ST-ZIP **BOCA RATON FL 33487**TITLE **D** ☐ Delete
NAME **FISCHER, RICHARD**
STREET ADDRESS **152 KITTANNING PIKE**
CITY-ST-ZIP **PITTSBURGH PA 15215**TITLE **D** ☐ Delete
NAME **BILLITIERE, ANTHONY DR**
STREET ADDRESS **462 GRIDER ST**
CITY-ST-ZIP **BUFFALO NY 15215**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Date

Daytime Phone #

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90084 032 ****61.25

00004819

DO NOT WRITE IN THIS SPACE

0089043

CR2E037 (10/00)