

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001393

1. Entity Name

FOUNDATION FOR INTENSIVE REHABILITATION OF SEXUA

Principal Place of Business

PINE PARK CENTRE, 7021 SO TAMIAMI
C
SARASOTA FL 34236
US

Mailing Address

7021 SO TAMIAMI TRAIL
C
SARASOTA FL 34236
US

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

MUSSELWHITE-WEAVER, PATRICIA
7021 SOUTH TAMIAMI TRAIL, SUITE C
SARASOTA FL 34236

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 12, 2001, 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

TITLE D ☐ Delete
NAME MUSSELWHITE-WEAVER, PATRICIA
STREET ADDRESS 7021 SO TAMIAMI TRAIL, STE C
CITY-ST-ZIP SARASOTA FL

TITLE D ☐ Delete
NAME WEAVER, DONALD
STREET ADDRESS 7021 SO. TAMIAMI TRAIL, STE. C
CITY-ST-ZIP SARASOTA FL 34231

TITLE D ☐ Delete
NAME WILSON, KIRSTEN
STREET ADDRESS 7021 SO. TAMIAMI TRAIL, STE. C
CITY-ST-ZIP SARASOTA FL 34231

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ 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: Patricia Musselwhite-Weaver

7/7/01

941-
922-6404

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

07-19-2001 90238 006 ****70.00

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DO NOT WRITE IN THIS SPACE

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