

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003404

1. Entity Name

SPECIAL TRAINING AND REHABILITATION FOUNDATION,

Principal Place of Business

Mailing Address

525 BOWMAN TERRACE
PORT CHARLOTTE FL 33953

525 BOWMAN TERRACE
PORT CHARLOTTE FL 33953-2186

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

65-0523921

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

CARR, DAROL H
2315 AARON ST.
PORT CHARLOTTE FL 33952

Name Barbara Casa

Street Address (P.O. Box Number is Not Acceptable)
23278 Lehigh Avenue

Port Charlotte, Florida 33954

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 Barbara Casa Barbara Casa, STTR 01/10/00

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 CTR ☐ Delete
NAME EXTEJT, EUGENE
STREET ADDRESS 4430 HARBOR BLVD
CITY-ST-ZIP PORT CHARLOTTE FL 33952

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

TITLE VCTR ☐ Delete
NAME HULL, ROBERT
STREET ADDRESS 2152 NUREMBERG BLVD
CITY-ST-ZIP PUNTA GORDA FL 33982

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

TITLE STTR ☐ Delete
NAME CASA, BARBARA
STREET ADDRESS 23278 LEHIGH AVE
CITY-ST-ZIP PORT CHARLOTTE FL 33954

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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: Barbara Casa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara Casa, STTR 01/10/00

Date (941) 629-5655

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE