

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90133 007 ****61.25

DOCUMENT # N95000003846

1. Entity Name
NARCONON FLORIDA, INC.



Principal Place of Business

**314 SO. MISSOURI AVE
SUITE 104
CLEARWATER FL 33756**

Mailing Address

**314 SO. MISSOURI AVE
SUITE 104
CLEARWATER FL 33756**

30013634



2. Principal Place of Business

22079 U.S. Hwy. 19 No.

3. Mailing Address

22079 U.S. Hwy. 19 No.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

4. FEI Number **59-3035096**

Applied For

Not Applicable

Zip

33765

Country

US

Zip

33765

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PERRY, CHARLES
1100 CLEVELAND STREET
SUITE 900
CLEARWATER FL 34615**

7. Name and Address of New Registered Agent

Name

CHERYL A. ALDERMAN

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

22079 U.S. Hwy. 19 No.

City

CLEARWATER

FL

Zip Code

33765

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

CHERYL A. ALDERMAN

(NOTE: Registered Agent signature required when reinstating)

1/27/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALDERMAN, CHERYL A	
STREET ADDRESS	2702 WHITNEY ROAD	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WITTER, WILLIAM P	
STREET ADDRESS	2041 LAKEWOOD DRIVE	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WILSON, SUZANNE C	
STREET ADDRESS	540 BAY STREET	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE

[Signature]

REQUIRED

A. ALDERMAN

1/27/03

227-796-1011

CR2E037 (10/02)