

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001748

1. Entity Name

FLORIDA CORRECTIONS ACCREDITATION COMMISSION, IN

Principal Place of Business

Mailing Address

8700 CITIZEN DRIVE
NERW PORT RICHIE FL 34654-5599

8700 CITIZEN DRIVE
NERW PORT RICHIE FL 34654-5501

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Port Richey

City & State

New Port Richey

4. FEI Number

59-3504338

Applied For

Not Applicable

Zip

Country

Zip

Country

34654-5501

34654-5501

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

THEODORIDES, ELECTRA
2071 RINGLING BLVD.
SARASOTA FL 34237

Name

Electra Theodorides-Bustle

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME BRONGEL, ROBERT LT
STREET ADDRESS PO BOX 4115
CITY-ST-ZIP SARASOTA FL 34230

TITLE ☐ Change ☐ Addition
NAME See attached sheet for
STREET ADDRESS remainder of the directors/chairman
CITY-ST-ZIP

TITLE D ☐ Delete
NAME FERENCE, RICHARD
STREET ADDRESS 144710 HARLEE RD.
CITY-ST-ZIP PALMETTO FL 47221

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

TITLE D ☐ Delete
NAME GIBNEY, VINCE
STREET ADDRESS 14400 49TH ST NORTH
CITY-ST-ZIP CLEARWATER FL 33762

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

TITLE D ☐ Delete
NAME HOLLEY, KEN
STREET ADDRESS PO BOX 39
CITY-ST-ZIP MOORE HAVEN FL 33471

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

TITLE D ☐ Delete
NAME WILBER, HAROLD B
STREET ADDRESS 3228 GUN CLUB RD
CITY-ST-ZIP W PLM BCH FL 33406

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

TITLE D ☐ Delete
NAME BYRD, MAPOLES
STREET ADDRESS 6498 CAROLINE ST STE M
CITY-ST-ZIP MILTON FL 32570

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:

Lee Cannon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90036 028 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)