

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 20, 2001 8:00 am**  
**Secretary of State**

0080136

**DOCUMENT # N98000001748**

1. Entity Name

**FLORIDA CORRECTIONS ACCREDITATION COMMISSION, IN**

04-20-2001 90183 016 \*\*\*\*61.25

Principal Place of Business

8700 CITIZEN DRIVE  
NEW PORT RICHEY FL 34654-5501

Mailing Address

8700 CITIZEN DRIVE  
NEW PORT RICHEY FL 34654-5501

2. Principal Place of Business

**7642 PLATHE RD**

Suite, Apt. #, etc.

3. Mailing Address

**7642 PLATHE RD**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

**NEW PORT RICHEY FL**

Zip

**34653**

Country

**US**

City &amp; State

**NEW PORT RICHEY FL**

Zip

**34653**

Country

**US**

4. FEI Number

**59-3504338**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**THEODORIDES, ELECTRA  
2071 RINGLING BLVD.  
SARASOTA FL 34237**

7. Name and Address of New Registered Agent

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BRONGEL, ROBERT LT</b>	
STREET ADDRESS	<b>PO BOX 4115</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34230</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FERENCE, RICHARD</b>	
STREET ADDRESS	<b>144710 HARLEE RD</b>	
CITY-ST-ZIP	<b>PALMETTO FL 47221</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GIBNEY, VINCE</b>	
STREET ADDRESS	<b>14400 49TH ST NORTH</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33762</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOLLEY, KEN</b>	
STREET ADDRESS	<b>PO BOX 39</b>	
CITY-ST-ZIP	<b>MOORE HAVEN FL 33471</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WILBER, HAROLD B</b>	
STREET ADDRESS	<b>3228 GUN CLUB RD</b>	
CITY-ST-ZIP	<b>W PLM BCH FL 33406</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BYRD, MAPOLES</b>	
STREET ADDRESS	<b>6498 CAROLINE ST STE M</b>	
CITY-ST-ZIP	<b>MILTON FL 32570</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SCOTT LANCASTER</b>	
STREET ADDRESS	<b>PO BOX 548</b>	
CITY-ST-ZIP	<b>GREEN COVE SPRINGS FL 32043-0548</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KENNETH E. BARBER</b>	
STREET ADDRESS	<b>455 N. BROADWAY</b>	
CITY-ST-ZIP	<b>BARTOW FL 33830</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LARRY CAMPBELL</b>	
STREET ADDRESS	<b>PO BOX 727</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32302-0727</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RICHARD ROTH</b>	
STREET ADDRESS	<b>5525 COLLEGE RD</b>	
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LILLIE MILLER</b>	
STREET ADDRESS	<b>900 N. ROCK RD</b>	
CITY-ST-ZIP	<b>FT. PIERCE FL 34945</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GARY HARBIN</b>	
STREET ADDRESS	<b>PO BOX 1987</b>	
CITY-ST-ZIP	<b>OCALA FL 34478</b>	

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 #

**4/16/01****9045296001**

CR2E037 (10/00)