

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90332 013 \*\*\*\*61.25

**DOCUMENT # N98000001748**

1. Entity Name

**FLORIDA CORRECTIONS ACCREDITATION COMMISSION, INC,**

Principal Place of Business

Mailing Address

**7642 PLATHE RD  
 NEW PORT RICHEY FL 34653**

**7642 PLATHE RD  
 NEW PORT RICHEY FL 34653**

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

**59-3504338**

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRONGEL, ROBERT LT</b> <b>PO BOX 4115</b> <b>SARASOTA FL 34230</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FERENCE, RICHARD</b> <b>144710 HARLEE RD</b> <b>PALMETTO FL 47221</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GIBNEY, VINCE</b> <b>14400 49TH ST NORTH</b> <b>CLEARWATER FL 33762</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOLLEY, KEN</b> <b>PO BOX 39</b> <b>MOORE HAVEN FL 33471</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LANCASTER, SCOTT</b> <b>P.O. BOX 548</b> <b>GREEN COVE SPRINGS FL 32043-0548</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BARBER, KENNETH E</b> <b>455 N. BROADWAY</b> <b>BARTOW FL 33830</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LARRY CAMPBELL</b> <b>PO BOX 727</b> <b>TALLAHASSEE, FL 32302</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NED HAFNER</b> <b>3955 LEWIS SPEEDWAY</b> <b>ST AUGUSTINE FL 32084</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GARY HARBIN</b> <b>PO BOX 1987</b> <b>OCALA FL 34478</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LILLIE MILLER</b> <b>900 N. ROCK RD</b> <b>FT. PIERCE FL 34945</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RICHARD ROTH</b> <b>5525 COLLEGE RD</b> <b>KEY WEST FL 33040</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MICHAEL TIDWELL</b> <b>402 SIMPSON RD</b> <b>KISSIMEE FL 34744</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *ELECTRA THEODORIDES*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/1/2002*

Date

*941-364-4610*

Daytime Phone #

CR2E037 (9/01)