

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N 98 00000 5030**

1. Entity Name

OPEN DOOR SOCIAL SERVICES OF FLORIDA, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90105 036 ***70.00

Principal Place of Business
1010 EXECUTIVE CENTER DRIVE
SUITE 151
ORLANDO, FL 32803

Mailing Address
606 COURT STREET
SUITE 404
READING, PA. 19601

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip. Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip. Country

4. FEI Number
58-241894

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RONALD C. WHITE
5348 FIRST AVENUE NORTH
ST. PETERSBURG, FL. 33710

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

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 NAME STREET ADDRESS CITY-ST-ZIP	TREASURER PHILLIPS, J. GREGG, JANET 2 N. HIGH STREET #320 WEST CHESTER, PA. 19380	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER DEAN ZAMPPELL 26 LOST TREE DRIVE READING, PA. 19607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELISSA VALENTIN 497 NORTH MILL ROAD KENNETT SQUARE, PA. 19348	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL LANGLEY

Date

2/7/00

Daytime Phone #

372-2200

CR2E037 (9/99)