

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

0089065

DOCUMENT # N98000005030

1. Entity Name

OPEN DOOR SOCIAL SERVICES OF FLORIDA, INC.

02-20-2001 90016 017 *****70.00

Principal Place of Business

1010 EXECUTIVE CENTER DRIVE
SUITE 151
ORLANDO FL 32803
US

Mailing Address

606 COURT STREET #404
READING PA 19601

2. Principal Place of Business

5812 S. SEMORAN BLVD

Suite, Apt. #, etc.

3. Mailing Address

5812 S. SEMORAN BLVD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FL

Zip

32822

Country

USA

City & State

ORLANDO, FL

Zip

32822

Country

USA

4. FEI Number

58-2411894

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITE, RONALD C
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

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 **PD** ☐ Delete
NAME **LANGLEY, PAUL JR.**
STREET ADDRESS **606 COURT STREET #404**
CITY-ST-ZIP **READING PA 19601**

TITLE **VD** ☐ Delete
NAME **DAILY, DANIEL**
STREET ADDRESS **12 SOMERSET DRIVE**
CITY-ST-ZIP **COATESVILLE PA 19320**

TITLE **SD** ☐ Delete
NAME **PHILLIPS, JANET**
STREET ADDRESS **622 OLD SCHOOLHOUSE ROAD**
CITY-ST-ZIP **LANDENBERG PA 19350**

TITLE **TD** ☒ Delete
NAME **GREGG, JANET**
STREET ADDRESS **2 N. HIGH STREET #320**
CITY-ST-ZIP **WEST CHESTER PA 19380**

TITLE **D** ☐ Delete
NAME **DONOHUE, DAVID**
STREET ADDRESS **177 HILLTOP ROAD**
CITY-ST-ZIP **AVONDALE PA 19311**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Change ☒ Addition
NAME **DEAN ZAMPELLI**
STREET ADDRESS **323 ELM STREET**
CITY-ST-ZIP **READING, PA 19606**

TITLE **D** ☐ Change ☒ Addition
NAME **MELISSA VALENTIN**
STREET ADDRESS **497 NORTH MILL ROAD**
CITY-ST-ZIP **KENNETT SQUARE, PA 19348**

TITLE **PD** ☒ Change ☐ Addition
NAME **PAUL LANGLEY**
STREET ADDRESS **5812 S. SEMORAN BLVD**
CITY-ST-ZIP **ORLANDO, FL 32822**

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/01

Date

Daytime Phone #

CR2E037 (10/00)