

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90073 006 ****70.00

DOCUMENT # N98000005030

1. Entity Name

OPEN DOOR SOCIAL SERVICES OF FLORIDA, INC.

Principal Place of Business

Mailing Address

**5812 S SEMORAN BLVD
 ORLANDO FL 32822
 US**

**5812 S SEMORAN BLVD
 ORLANDO FL 32822
 US**

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

58-2411894

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

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

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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **LANGLEY, PAUL JR.**
 CITY-ST-ZIP **5812 S SEMORAN BLVD
 ORLANDO FL 32822**

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

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

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

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

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **VALENTIN, MELISSA**
 CITY-ST-ZIP **497 N MILL RD
 KENNETT SQUARE PA 19348**

TITLE ☒ Change ☐ Addition
 NAME **SD**
 STREET ADDRESS **VALENTIN, MELISSA**
 CITY-ST-ZIP **497 N MILL RD
 KENNETT SQUARE, PA 19348**

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

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

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **ZAMPELLI, DEAN**
 CITY-ST-ZIP **223 ELM ST
 READING PA 19606**

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

Date

Daytime Phone #

1/3/02 (407) 381.3400

CR2E037 (9/01)