

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006569

1. Entity Name

FLORIDA/NATIONAL ASSOCIATION OF ALCOHOLISM AND D

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90269 020 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 6859  
TALLAHASSEE FL 32314-6859

P.O. BOX 6859  
TALLAHASSEE FL 32314-6859

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3538553

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SPREITZER, LYND  
710 NW 92ND AVENUE  
PEMBROKE PINES FL 33024

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 PD ☐ Delete  
NAME SPREITZER, LYND  
STREET ADDRESS 710 NW 92ND AVE  
CITY-ST-ZIP PEMBROKE PINES FL 33024

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

TITLE PED ☐ Delete  
NAME ANDERSON, BERNARD  
STREET ADDRESS 532 HART ST  
CITY-ST-ZIP TALLAHASSEE FL 32301

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

TITLE TD ☐ Delete  
NAME SUGG, JOHN B  
STREET ADDRESS 9660 NW 39TH ST  
CITY-ST-ZIP COOPER CITY FL 33024

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

TITLE S ☐ Delete  
NAME CARNEY, LYNN E  
STREET ADDRESS 18 WEYANOKE LANE  
CITY-ST-ZIP PALM COAST FL 32164

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

TITLE IPP ☐ Delete  
NAME LOKER, DON  
STREET ADDRESS 7314 MAUNA LOA BLVD  
CITY-ST-ZIP SARASOTA FL 34241

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

TITLE ☐ Delete  
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: *Lynda Spreitzer* *Lynda Spreitzer* 1/12/00 954-893-0770  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)