2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State
05-12-2000 90084 033 ****70.00

DOCUMENT # N99000000297

1. Entity Name
Phase Three Program, Inc.

Principal Place of Business
545 N. Pine Street
Sebring, Florida
33870

Mailing Address
P. O. BOX 554
AVON PARK FL 33826-0554

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
545 N. Pine Street
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 554
Suite, Apt. #, etc.

City & State: Sebring, Florida
Zip: 33870 Country: USA

City & State: Avon Park, Florida
Zip: 33826 Country: USA

4. FEI Number: 65-0896803 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BUTLER, STEPHANIE L
14099 BELCHER RD., LOT 1093
LARGO FL 33771

7. Name and Address of New Registered Agent

Name: Stephanie L Butler
Street Address (P.O. Box Number is Not Acceptable)
847 Lemon Avenue
City: Sebring, Florida FL Zip Code: 33870

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: Stephanie L Butler 4-27-00
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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BUTLER, STEPHANIE 847 Lemon Avenue Sebring, Florida 33870	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Henry T. Comandore 30 Palm Circle AVON PARK FL 33825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SIMPSON, QUENSHA 847 Lemon Avenue Avon Park, Florida 33870	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Stephanie L Butler Stephanie Butler 4-27-00 863-386-0318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #