

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90011 019 ****70.00

DOCUMENT # N99000000297

1. Entity Name

PHASE THREE PROGRAM, INC.

Principal Place of Business

**545 N PINE STREET
 SEBRING FL 33878**

Mailing Address

**PO BOX 554
 AVON PARK FL 33826**

2. Principal Place of Business

625 Maxanna Ave.

3. Mailing Address

P.O. BOX 554

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sebring, Florida

City & State

Avon Park, Florida

Zip

33875

Country

Highlands

Zip

33826

Country

Highlands

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
 847 LEMON AVENUE
 SEBRING FL 33870**

7. Name and Address of New Registered Agent

Name

Stephanie L. Butler

Street Address (P.O. Box Number is Not Acceptable)

619 Maxanna Avenue

City

Sebring

FL

Zip Code

33875

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/01

**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	<input type="checkbox"/> Delete
NAME	BUTLER, STEPHANIE	
STREET ADDRESS	847 LEMON AVENUE	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COMANDORE, HENRY	
STREET ADDRESS	30 PALM CIRCLE	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SIMPSON, QUENSHA	
STREET ADDRESS	847 LEMON AVENUE	
CITY-ST-ZIP	AVON PARK FL 33870	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephanie Butler	
STREET ADDRESS	619 Maxanna Ave.	
CITY-ST-ZIP	Sebring, Florida 33875	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Henry Comandore	
STREET ADDRESS	Post Office Box 44	
CITY-ST-ZIP	Bradley Jct. FL	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Simpson, Quensha	
STREET ADDRESS	Post Office Box 10803	
CITY-ST-ZIP	St. Petersburg, FL 33733	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Stephanie L. Butler

5/27/01

863-385-1487

CR2E037 (10/00)