

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000354

1. Entity Name

THE RECOVERY FOUNDATION, INC.

**FILED**  
May 04, 2000 8:00 am  
Secretary of State

05-04-2000 90142 035 \*\*\*\*70.00

Principal Place of Business

Mailing Address

201 SOUTH BISCAYNE BLVD. #1920  
MIAMI FL 33131

201 SOUTH BISCAYNE BLVD. #1920  
MIAMI FL 33131-4329

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

3400

Suite, Apt. #, etc.

3400

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1652541

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

FERRELL, SCHULTZ, CARTER & FERTEL, P.A.  
201 S. BISCAYNE BLVD.  
MIAMI CENTER, STE. 1920  
MIAMI FL 33131

Name

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

MIAMI CENTER, STE. 3400

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

TROP, JULES DR.  
1334 MONROE STREET  
HOLLYWOOD FL 33019

☐ Delete

Change Addition

FERRELL, MILTON M JR.  
201 SOUTH BISCAYNE BLVD. #1920  
MIAMI FL 33131

☐ Delete

Change Addition  
# 3400

GARCIA-OLIVER, ANGEL M  
201 SOUTH BISCAYNE BLVD. #1920  
MIAMI FL 33131

☐ Delete

Change Addition  
# 3400

Change Addition

Change Addition

Change Addition

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 #

4/11/2000

305-571-8585