

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004450

1. Entity Name

BETTER ALTERNATIVES TO DRUGS, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90071 014 ****61.25

Principal Place of Business

Mailing Address

5211 AVENIDA DE CORTEZ
SARASOTA FL 34242

5211 AVENIDA DE CORTEZ
SARASOTA FL 34242-1902

2. Principal Place of Business

3. Mailing Address

Suite, Apt., etc.

Suite, Apt., etc.

City & State

City & State

4. FEI Number

91-188 5483

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

GARMEN, GUY
2840 N. SR 7
HOLYWOOD FL 33021

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	D	<input checked="" type="checkbox"/> Delete
NAME	BIRNIE, LINDA C	
STREET ADDRESS	4014 PONEA DR.	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EDWARDS, STEPHEN P	
STREET ADDRESS	5211 AVENIDA DE CORTEZ	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EDWARDS, MANDY	
STREET ADDRESS	702 PROMENADE PLACE	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	President	<input type="checkbox"/> Delete
NAME	Edwards-Stephen P	
STREET ADDRESS	819x Natures way suite 32	
CITY-ST-ZIP	Bradenton FL 34202	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Gina Rivera	
STREET ADDRESS	819x Natures way suite 32	
CITY-ST-ZIP	Bradenton FL 34202	
TITLE	D	<input type="checkbox"/> Delete
NAME	Don Stills	
STREET ADDRESS	4905 26th Ave East	
CITY-ST-ZIP	Bradenton FL 34208	

TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Cline	
STREET ADDRESS	8183 Court St	
CITY-ST-ZIP	Keene NH 03431	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dale Pathe	
STREET ADDRESS	10757 Lemon Ave #815	
CITY-ST-ZIP	Alto Loma CA 91737	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gina Rivera	
STREET ADDRESS	819x Natures way #32	
CITY-ST-ZIP	Bradenton FL 34202	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephen Edwards	
STREET ADDRESS	819x Natures way #32	
CITY-ST-ZIP	Bradenton FL 34202	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Don Stills	
STREET ADDRESS	4905 26th Ave East	
CITY-ST-ZIP	Bradenton FL 34208	
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:

Stephen P Edwards
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-00

Date

941-907-3243

Daytime Phone #

CR2E037 (9/99)