

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006226

1. Entity Name

RECOVERY FROM ADDICTIONS, INC.

f

FILED
Jul 28, 2000 8:00 am
Secretary of State

05-16-2000 90102 030 ****61.25

Principal Place of Business

C/O JAMES HALIKAS, M.D.
2335 TAMiami TR. N., STE. 205
NAPLES FL 34103

Mailing Address

C/O JAMES HALIKAS, M.D.
2335 TAMiami TR. N., STE. 205
NAPLES FL 34103

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3647304

Applied For

Not Applicable

5. Certificate of Status Desired

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**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

VEGA, JOHN G
VEGA, STANLEY, ZELMAN & HANLON
2660 AIRPORT RD. S.
NAPLES FL 34112

7. Name and Address of New Registered Agent

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

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

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	
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	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James A. Halikas	
STREET ADDRESS	2335 Tamiami Trail N., Ste 205	
CITY-ST-ZIP	Naples, FL 34103	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anna M. Halikas	
STREET ADDRESS	2335 Tamiami Trail N., Ste 205	
CITY-ST-ZIP	Naples, FL 34102	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anna C. Halikas	
STREET ADDRESS	2335 Tamiami Trail N., Ste 205	
CITY-ST-ZIP	Naples, FL 34102	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James HALIKAS MD
7/18/00
(941) 4301877

Date

Daytime Phone #

CR2E037 (5/00)