2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 24, 2000 8:00 am DOCUMENT # N9900007167 **Secretary of State** THE NORTHWEST FLORIDA COUNCIL ON ALCOHOL & DRUG 03-24-2000 90125 013 ****61.25 Principal Place of Business Mailing Address 151 MARY ESTER BOULEVARD 151 MARY ESTER BOULEVARD SUITE 102B SUITE 102B MARY ESTHER FL 32564 MARY ESTHER FL 32564 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. <u>F</u>EI Number 6/23 ----Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 8. The above named entity subs hits this statement for the pu cose of changing its registered office or registered agent, or both, SIGNATURE name of registered agent and title i (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DONNELLY, LEO J JR. NAME STREET ADDRESS 151 MARY ESTER BOULEVARD SUITE 102B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARY ESTHER FL 32564 VD. TITLE ☐ Delete TITI F ☐ Change ☐ Addition DENCER. LARRY ---NAME NAME STREET ADDRESS 151 MARY ESTER BOULEVARD SUITE 102B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARY ESTHER FL 32564 TITLE STD ☐ Delete TITLE Change ☐ Addition NAME HOLLIDAY, MICHAEL NAME STREET ADDRESS 151 MARY ESTER BOULEVARD SUITE 102B STREET ADDRESS CITY-ST-ZIP MARY ESTHER FL 32564 CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 tibsite empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapted or on an attachment of the property of the proposered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF DESTRUCTION OFFICER OR DIRECTOR DELLE DESTRUCTION DELLE DELLE DESTRUCTION DELLE DESTRUCTION DELLE DESTRUCTION DELLE DESTRUCTION DELLE DESTRUCTION DELLE DELLE DESTRUCTION DELLE DE