

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000022618

1. Entity Name

STEPPING STONE CLINIC, INC.

Principal Place of Business

124 SOUTH PINEAPPLE AVE
SARASOTA FL 35236

Mailing Address

124 SOUTH PINEAPPLE AVE
SARASOTA FL 35236

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WATTS, DANA J
1620 MAIN ST, SUITE 1
SARASOTA FL 34236

4. FEL Number

65-0995241

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Roger C. Wald, Jr.

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

124 South Pineapple Avenue

City

Sarasota

FL

Zip Code

34236

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

Roger C. Wald, Jr.

4/25/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	NASON, LAURA M	
STREET ADDRESS	124 SOUTH PINEAPPLE AVE	
CITY-ST-ZIP	SARASOTA FL 35236	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BICKEL, DONALD R	
STREET ADDRESS	124 SOUTH PINEAPPLE AVE	
CITY-ST-ZIP	SARASOTA FL 35236	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KELLAMS, JOHN	
STREET ADDRESS	124 SOUTH PINEAPPLE AVE	
CITY-ST-ZIP	SARASOTA FL 35236	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roger C. Wald, Jr.	
STREET ADDRESS	124 South Pineapple Ave	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pamela S. Wald	
STREET ADDRESS	124 S. Pineapple Ave	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John W. Kellam John W. Kellam 4/25/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/

FILED

May 23, 2001 8:00 am
Secretary of State

05-02-2001 90063 008 ***150.00

40074



DO NOT WRITE IN THIS SPACE

CR2034 (10/00)