2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

FILED **DOCUMENT # P25044** May 13, 2000 8:00 am 1. Entity Name Secretary of State THE RECOVERY ALLIANCE, INC. 05-13-2000 90006 046 ****61.25 Mailing Address Principal Place of Business 622 CAMPBELL AVE P.O. BOX 561 WEST HAVEN CT MILFORD CT 06460-0561 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 06-1084134 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired 06516 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) HYNES, JEAN 7301 7TH AVE NORTH ST PETERSBURG FL 33710 City 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 (NOTE. Registered Agent signature required when reinstating) DATE Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE Beck Susan BANFIELD, SUE NAME NAME STREET ADDRESS STREET ADDRESS 1 Housatonic Ave. 9 OLD ROYD ST CITY-ST-ZIP CITY-ST-ZIP MILFORD CT 06460 Addition ☐ Delete ☐ Change TITLE CD TITLE NAME BOUTON, SANDRA NAME STREET ADDRESS STREET ADDRESS 735 STEPNEY ROAD CITY-ST-ZIP CITY-ST-ZIP EASTON CT **Addition** ☐ Delete TITLE DBM TITLE NAME NAME ZULLO, JANET ve. North STREET ADDRESS STREET ADDRESS 802 ORANGE ST CITY-ST-ZIP CITY-ST-ZIP NEW HAVEN CT 06511 **C**hange ☐ Addition VCD TITLE ☐ Delete NAME Weber, Deborah 220 Mulberry St. STREET ADDRESS STREET ADDRESS 11 HOUSATONIC CITY-ST-ZIE CITY-ST-ZIP MILFORD CT ☐ Change **Addition** TITLE ☐ Delete TITLE Bannon Rose GILROY, AMY NAME STREET ADDRESS STREET ADDRESS 15 MEADOW ST 6 Edwin S CITY-ST-ZIP CITY-ST-ZIP MILFORD CT ☐ Delete TITLE Addition GREENHUT, JANET NAME NAME STREET ADDRESS STREET ADDRESS KIPP AVENUE CITY-ST-ZIP HASBROUCK NJ 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