

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

0088912

DOCUMENT # P25044

1. Entity Name

THE RECOVERY ALLIANCE, INC.

05-16-2001 90022 048 *****61.25

Principal Place of Business

Mailing Address

**622 CAMPBELL AVE
 WEST HAVEN CT
 US**

**P.O. BOX 561
 MILFORD CT 06460**

550302



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **06-1084134**

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

**HYNES, JEAN
 7301 7TH AVE NORTH
 ST PETERSBURG FL 33710**

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 **SD** ☐ Delete
 NAME **BECK, SUSAN**
 STREET ADDRESS **11 HOUSATONIC AVE**
 CITY-ST-ZIP **MILFORD CT 06460**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CD** ☐ Delete
 NAME **BOUTON, SANDRA**
 STREET ADDRESS **735 STEPNEY ROAD**
 CITY-ST-ZIP **EASTON CT**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DBM** ☐ Delete
 NAME **ZULLO, JANET**
 STREET ADDRESS **802 ORANGE ST**
 CITY-ST-ZIP **NEW HAVEN CT 06511**

TITLE **DBM** ☒ Change ☐ Addition
 NAME **Zullo, Janet**
 STREET ADDRESS **107 Foster St.**
 CITY-ST-ZIP **New Haven, CT 06511**

TITLE **VCD** ☐ Delete
 NAME **WEBER, DEBORAH**
 STREET ADDRESS **220 MULBERRY ST**
 CITY-ST-ZIP **ORANGE CT 06477**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **GILROY, AMY**
 STREET ADDRESS **15 MEADOW ST**
 CITY-ST-ZIP **MILFORD CT**

TITLE **D** ☒ Change ☐ Addition
 NAME **Gilroy, Amy**
 STREET ADDRESS **1046 Johnson Rd.**
 CITY-ST-ZIP **Woodbridge, CT**

TITLE **TD** ☐ Delete
 NAME **GREENHUT, JANET**
 STREET ADDRESS **KIPP AVENUE**
 CITY-ST-ZIP **HASBROUCK NJ**

TITLE **TD** ☒ Change ☐ Addition
 NAME **Buckles, Janet**
 STREET ADDRESS **2 Sunrise Dr.**
 CITY-ST-ZIP **Montvale, NJ 07645**

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: *Susan Beck* **Susan Beck, Secretary 5/2/01 203-662-6584**

CR2E037 (10/00)