

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000011341

1. Entity Name

CENTER FOR COUNSELING AND ADDICTIONS RECOVERY, I

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90139 040 \*\*\*150.00

Principal Place of Business

Mailing Address

1434 21ST STREET  
VERO BEACH FL 32960 -3457  
US

1434 21ST ST.  
VERO BEACH FL 32960-3457  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0378537

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

SMITH, PATRICIA E  
1845 20TH ST  
VERO BEACH FL 32960

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME SMITH, JOSEPH E  
STREET ADDRESS ~~1434 21ST STREET~~ 1405 82nd Ave #249  
CITY-ST-ZIP VERO BEACH FL ~~32960~~ 32966

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

TITLE D ☐ Delete  
NAME SMITH, PATRICIA E  
STREET ADDRESS ~~1434 21ST STREET~~ 1405 82nd Ave #249  
CITY-ST-ZIP VERO BEACH FL ~~32960~~ 32966

TITLE ☒ Change ☐ Addition  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)