

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000021149

1. Entity Name

RECOVERY RESIDENCES OF THE PALM BEACHES, INC.

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

05-10-2000 90138 011 ***150.00

Principal Place of Business

Mailing Address

510 43RD ST.
WEST PALM BEACH FL 33407

510 43RD ST.
WEST PALM BEACH FL 33407-3847

2. Principal Place of Business

143 YACHT CLUB DR.
Suite, Apt. #, etc. # 16

3. Mailing Address

143 YACHT CLUB DR.
Suite, Apt. #, etc. # 16



DO NOT WRITE IN THIS SPACE

City & State
No. PALM BEACH
Zip 33408
Country USA

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No. PALM BEACH
Zip 33408
Country USA

4. FEI Number 65-0490397

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ORLANDO, RICHARD L
510 43RD ST.
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name SAME
Street Address (P.O. Box Number is Not Acceptable)
143 YACHT CLUB DR. # 16
City NO. PALM BEACH FL Zip Code 33408

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

Richard L Orlando

4-27-00

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ORLANDO, RICHARD L 1140 LAKESHORE DR 205 LAKE PARK FL 33403	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RICCI, CAROL Z 113 SUNRISE DR GILLETTE NJ 07933	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME SAME 143 YACHT CLUB DR. # 16 NO. PALM BEACH FL. 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 life empowered.

SIGNATURE:

Richard L Orlando

4/27/00

Date

561-312-9752

Daytime Phone #

CR2E034 (9/99)