

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000024142

1. Entity Name

THE 1ST STEP SOBER HOUSE, INC.

Principal Place of Business

871-883 SW 10 ST
POMPAÑO BEACH FL
US

Mailing Address

PO BOX 333
POMPAÑO BEACH FL 33061
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0777850

Applied For

Not Applicable

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

WILLIAMS, JOHN L.
230 S. CYPRESS RD.
POMPAÑO BEACH FL 33060

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	ST	<input checked="" type="checkbox"/> Delete
NAME	RECHT, GARY A.	
STREET ADDRESS	11 CENTENNIAL CT	
CITY-ST-ZIP	POMPAÑO BEACH FL 33073	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ENTRIKEN, RICHARD D.	
STREET ADDRESS	4491 NW 94 TERRACE	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	P.D.	<input type="checkbox"/> Delete
NAME	WILLIAMS, JOHN L.	
STREET ADDRESS	1610 NE 32ND CT	
CITY-ST-ZIP	POMPAÑO BEACH FL 33351 33064	
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		

TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shirley R. Williams	
STREET ADDRESS	1610 NE 32 CT.	
CITY-ST-ZIP	Pompano Beach, FL 33064	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Williams, John L.	
STREET ADDRESS	1610 NE 32 CT.	
CITY-ST-ZIP	Pompano Beach, FL 33064	
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		<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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John L. Williams
John L. Williams

9/5/00

Date

954-944-3042

Daytime Phone #

FILED

Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90147 027 ***550.00

AUG 16 2000



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)