

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000068498

1. Entity Name

RESPONSE THERAPIES, INC.

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90012 003 \*\*\*150.00

830298

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
2242 TULIP STREET 2242 TULIP STREET  
SARASOTA, FL 34239 SARASOTA, FL 34239

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
65-0773308

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

HILL BRADLEY, WANDA  
2242 TULIP STREET  
SARASOTA, FL 34239

Name  
WANDA WARREN  
Address (P.O. Box Number is Not Acceptable)  
2242 Tulip Street  
City SARASOTA, FL. Zip Code 34239

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 *Wanda Warren*  
Signature, typed or printed name of registered agent and title if applicable

Wanda Warren

3/9/00  
DATE

(NOTE: Registered Agent signature required when reinstating)

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 P ☐ Delete  
NAME HILL BRADLEY, WANDA  
STREET ADDRESS 2242 TULIP STREET  
CITY-ST-ZIP SARASOTA, FL 34239

TITLE ☒ Change ☐ Addition  
NAME WARREN, WANDA  
STREET ADDRESS 2242 TULIP STREET  
CITY-ST-ZIP SARASOTA, FL 34239

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Wanda Warren*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wanda Warren

Date

Daytime Phone #

3/9/00

CR2E034 (9/99)