

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 17, 2002 8:00 am  
Secretary of State

02-17-2002 90077 043 \*\*\*\*61.25

DOCUMENT # 762052

1. Entity Name

FLORIDA SCHOOL OF ADDICTIONS STUDIES, INC.

Principal Place of Business

Mailing Address

1725 ART MUSEUM DRIVE  
FSAS DEPARTMENT  
JACKSONVILLE FL 32207  
US

1725 ART MUSEUM DRIVE  
FSAS DEPARTMENT  
JACKSONVILLE FL 32207  
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

59-2289161

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

HOLLEY, JOEL R JR.  
1725 ART MUSEUM DRIVE  
FSAS DEPARTMENT  
JACKSONVILLE FL 32207

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 DP ☒ Delete  
NAME MILLER, TUNNIE  
STREET ADDRESS 3141 E. BUSINESS HWY. 98  
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE President ☒ Change ☐ Addition  
NAME Richard Davila, Phd.  
STREET ADDRESS 110 East Oak Drive  
CITY-ST-ZIP Tampa, FL 33602

TITLE T ☒ Delete  
NAME HOLLEY, JOEL R JR.  
STREET ADDRESS 1725 ART MUSEUM DR  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE President-elect ☒ Change ☐ Addition  
NAME SUE HOLLEY  
STREET ADDRESS 1725 Art Museum Dr  
CITY-ST-ZIP Jacksonville, FL 32207

TITLE DPP ☒ Delete  
NAME BRYAN, ELLA  
STREET ADDRESS 121 W. PENNSYLVANIA AVENUE  
CITY-ST-ZIP DELAND FL 32720

TITLE Past President ☒ Change ☐ Addition  
NAME TUNNIE MILLER  
STREET ADDRESS 4000 East Third St.  
CITY-ST-ZIP Panama City, FL 32401

TITLE DVP ☒ Delete  
NAME DAVILA, RICHARD D  
STREET ADDRESS 110 E OAK DR  
CITY-ST-ZIP TAMPA FL 33602

TITLE Treasurer ☒ Change ☐ Addition  
NAME Paul Dickerson  
STREET ADDRESS 1000 Broward Road #202  
CITY-ST-ZIP Jacksonville, FL 32218

TITLE T ☒ Delete  
NAME MACPHERSON, RUSSELL  
STREET ADDRESS P.O. BOX 1921  
CITY-ST-ZIP SANFORD FL 32772

TITLE Secretary ☒ Change ☐ Addition  
NAME Marcia Jackson  
STREET ADDRESS 6908 Stone Throw #10201  
CITY-ST-ZIP St. Petersburg, FL 33710

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Historian ☐ Change ☒ Addition  
NAME Joel Holley, Jr  
STREET ADDRESS 1725 Art Museum Dr  
CITY-ST-ZIP Jacksonville, FL 32207

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

1-30-02 904399-3119