

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**  
05-03-2001 91113 040 \*\*\*\*61.25

0087116

**DOCUMENT # F93000002188**

1. Entity Name

**PARTNERSHIP FOR A DRUG-FREE AMERICA, INC.**

Principal Place of Business

**405 LEXINGTON AVENUE  
NEW YORK NY 10174**

Mailing Address

**405 LEXINGTON AVENUE  
NEW YORK NY 10174**

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

**13-3413627**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MAPES, LYNN C  
206 MORTON STREET  
MARATHON FL 33050**

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete  
NAME **LEAHY, THOMAS**  
STREET ADDRESS **1501 BROADWAY STE 1810**  
CITY-ST-ZIP **NEW YORK NY 10036**

TITLE **D** ☐ Delete  
NAME **VERSFELT, DAVID**  
STREET ADDRESS **30 ROCKEFELLER PLZ**  
CITY-ST-ZIP **NEW YORK NY 10112**

TITLE **D** ☐ Delete  
NAME **PRIMIS, LANCE**  
STREET ADDRESS **4 SILVER BEACH COURT**  
CITY-ST-ZIP **HOLMDEZ NJ 07733**

TITLE **C** ☐ Delete  
NAME **BURKE, JAMES E**  
STREET ADDRESS **6 CONSTITUTION HILL, EAST**  
CITY-ST-ZIP **PRINCETON NJ 08540**

TITLE **D** ☐ Delete  
NAME **BURKE, DANIEL B**  
STREET ADDRESS **77 WEST 66TH STREET**  
CITY-ST-ZIP **NEW YORK NY 10023**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME **Leahy, Thomas**  
STREET ADDRESS **708 Third Avenue, 6<sup>TH</sup> Floor**  
CITY-ST-ZIP **New York, NY 10017**

TITLE ☒ Change ☐ Addition  
NAME **Versfelt, David**  
STREET ADDRESS **1251 Avenue of the Americas, 45<sup>TH</sup> Floor**  
CITY-ST-ZIP **New York, NY 10020-1104**

TITLE ☒ Change ☐ Addition  
NAME **Primis, Lance**  
STREET ADDRESS **4 Silverbeech Court**  
CITY-ST-ZIP **Holmdel, NJ 07733-2015**

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

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

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

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBERT L. CARUSO** 4/10/01 973-3503

Date

Daytime Phone #

CR2E037 (10/00)