

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90044 043 ***550.00

DOCUMENT # K95177

1. Entity Name
NATIONAL ASSOCIATION OF DRUG FREE EMPLOYEES, INC

Principal Place of Business
**811 JERICHO TURNPIKE
 SUITE 102W
 SMITHTOWN NY 11787
 US**

Mailing Address
**811 JERICHO TURNPIKE
 SUITE 102W
 SMITHTOWN NY 11787
 US**

C0101058



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
2307 N. Parham Rd
 Suite, Apt. #, etc.

City & State
Richmond

4. FEI Number **23-2563555**
 Applied For
 Not Applicable

Zip Country
VA

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

**MCCOUGHAN, WILLIAM P ESQ.
 80 S.W. EIGHTH STREET, STE. 2803
 MIAMI FL 33130**

Name **RUSSELL M. BASCH**
 Street Address (P.O. Box Number is Not Acceptable)
~~270~~
396 LAKEVIEW AVE
 City **ORLANDO** **FL** Zip Code **32804**

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 *Russell M. Basch* DATE 9/12/00
Signature, typed or printed name of registered agent and title if applicable. (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 \$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	D	<input checked="" type="checkbox"/> Delete
NAME	STARER, R.L.	
STREET ADDRESS	660 NEWTON YARDLEY RD.	
CITY-ST-ZIP	NEWTON PA 18940	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARUBBIO, J.A.	
STREET ADDRESS	12 NORTH ROAD	
CITY-ST-ZIP	NORTHPORT NY 11768	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KEREKES, W.A.	
STREET ADDRESS	87 ST. PAULS ROAD N.	
CITY-ST-ZIP	HEMPSTEAD NY 11550	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	AFFLECK, J	
STREET ADDRESS	660 NEWTOWN YARDLEY ROAD	
CITY-ST-ZIP	NEWTOWN PA 18940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN G. CAMUTAS	
STREET ADDRESS	2305 N. PARHAM RD	
CITY-ST-ZIP	Richmond, VA. 23229	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSSELL M. BASCH	
STREET ADDRESS	2305 N. PARHAM RD	
CITY-ST-ZIP	Richmond, VA. 23229	
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: *John G. Camutas* DATE 9/12/00 **804-346-3077**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (5/00)