

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90031 007 ****61.25

DOCUMENT # N46695

1. Entity Name

ANGELMAN SYNDROME FOUNDATION, INC.

Principal Place of Business	Mailing Address
414 PLAZA DR STE 209 WESTMONT IL 60559	414 PLAZA DR STE 209 WESTMONT IL 60559-1265

BU020994



DO NOT WRITE IN THIS SPACE

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	Applied For
59-3092842	Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WILLIAMS, CHARLES A.
UNIV. OF FLORIDA, PEDIATRICS/GENETICS
1600 S.W. ARCHER ROAD, ARG 236
GAINESVILLE FL 32610-0296

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 _____ (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	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, CHARLES	
STREET ADDRESS	% 1600 SW ARCHER RD	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCCULLOUGH, FRANK	
STREET ADDRESS	125 EAST RIDGE ROAD	
CITY-ST-ZIP	CHARLESTON WV 25314	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GAVIN, SUZY	
STREET ADDRESS	31090 APPLEWOOD LANE	
CITY-ST-ZIP	FARMINGTON HEIGHTS MI 48331	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	TAKSAR, WILLIAM	
STREET ADDRESS	12 REMIGIO RD	
CITY-ST-ZIP	N ATTLEBORO MA 02763	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HENDREN, KATIE	
STREET ADDRESS	19062 LINDSAY LANE	
CITY-ST-ZIP	HUNTINGTON BEACH CA 92646	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUTCHISON, TERRY	
STREET ADDRESS	8362 N MARION	
CITY-ST-ZIP	CLOVIS CA 93611	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Katz, Steve	
STREET ADDRESS	1002 Stratford Avenue	
CITY-ST-ZIP	Melrose Park PA 19027	
TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McCullough, Frank	
STREET ADDRESS	125 East Ridge Road	
CITY-ST-ZIP	Charleston WV 25314	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hymán, Julie	
STREET ADDRESS	184 Lexington Avenue Apt 8 C	
CITY-ST-ZIP	New York NY 10016	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harvey, Dan	
STREET ADDRESS	6254 Lakewood Street	
CITY-ST-ZIP	San Diego CA 92122	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Juenke, Norma	
STREET ADDRESS	3841 Wingtail	
CITY-ST-ZIP	Pearland TX 77584	
TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Keel, Judith	
STREET ADDRESS	414 Plaza Drive, Suite 209	
CITY-ST-ZIP	Westmont, IL 60559	

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: Judith Keel 2-9-00 800-432-6435

CR2E037 (9/99)