## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachm

SIGNATURE:

## May 23, 2001 8:00 am Secretary of State DOCUMENT # N93000002781 05-23-2001 90231 005 \*\*\*\*70.00 AIDS ORPHANS AND STREET CHILDREN, INC. Principal Place of Business Mailing Address 293 LAUREN CT DUDITIO 293 LAUREN CT MERRITT ISLAND FL 32952 MERRITT ISLAND FL 329:2 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3210045 Not Applicable Žip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) BLAND, ROBERT M 293 LAUREN CT MERRITT ISLAND FL 32952 City 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: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITLE Addition ☐ Change STRINGER, CATHY B NAME NAME STREET ADDRESS 625 FOREST DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GROVE CITY PA** TITLE ☐ Delete TITLE ☐ Change Addition **BLAND. ROBERT** NAME NAME STREET ADDRESS 293 LAUREN CT STREET ADDRESS CITY-ST-7IP MERRITT ISLAND FL CITY-ST-ZIP ☐ Delete Change Addition VANDERPOOL, KATHERINE S. NAME NAME STREET ADDRESS 890 E. HALL RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL TITLE ☐ Delete TITLE ■ Addition NAME DOOMS, GEORGE H NAME STREET ADDRESS 13000 US 41 N STREET ADDRESS CITY-ST-ZIP EVANSVILLE IN CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME LITTLE, ELIZABETH NAME STREET ADDRESS 890 E HALL RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL THTLE STD ☐ Delete TITLE ☐ Change ☐ Addition DOOMS, TAMI L. NAME STREET ADDRESS 2613 N GREEN RIVER RD STREET ADDRESS CITY-ST-ZIP **EVANSVILLE IN**

12. Thereby certify that the information supplied with the filling does not qualify for the examption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied in the end accurate and that my significant stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied in the end of the en May 10,01 3214533657

FILED