

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90033 045 \*\*\*\*61.25

**DOCUMENT # N97000006504**

1. Entity Name

**FLORIDA AIDS ACTION COUNCIL, INC.**

Principal Place of Business

Mailing Address

**12490 NE 7TH AVENUE #214  
 NORTH MIAMI FL 33161**

**12490 NE 7TH AVENUE #214  
 NORTH MIAMI FL 33161-5660**

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

**65-0816828**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERRER, LUIGI  
 6700 SW 52ND STREET  
 MIAMI FL 33155**

Name **A. Gene Copello**  
 Street Address (P.O. Box Number is Not Acceptable)

**12490 NE 7th Ave., #214**

City **North Miami** FL Zip Code **33161**

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

*A. Gene Copello, Executive Director 4-20-00*

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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BROWN, RONALD R PH.D.</b>
STREET ADDRESS	<b>2629 WEST 10TH STREET</b>
CITY-ST-ZIP	<b>PANAMA CITY FL 32401</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>FERRER, LUIGI</b>
STREET ADDRESS	<b>6700 SW 52ND STREET</b>
CITY-ST-ZIP	<b>MIAMI FL 33155</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>ALBRECHT, CHARLES</b>
STREET ADDRESS	<b>11215 N NEBRASKA AVE, SUITE B3</b>
CITY-ST-ZIP	<b>TAMPA FL 33612</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>COPELLO, GENE</b>
STREET ADDRESS	<b>112 WEST ADAMS ST, 10TH FLOOR</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32202</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>TUCCI, DEBBIE</b>
STREET ADDRESS	<b>166 SHERIDAN AVENUE</b>
CITY-ST-ZIP	<b>LONGWOOD FL 32750</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>JERNS, KAY</b>
STREET ADDRESS	<b>2580 METROCENTRE BLVD, SUITE 2</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33407</b>

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	<b>12490 NE 7th Ave., Suite 214</b>
CITY-ST-ZIP	<b>No. Miami, FL 33161</b>
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	

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:

*A. Gene Copello, Executive Director 4-20-00 (813) 390-9869*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)