

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2000 8:00 am
Secretary of State

06-13-2000 90008 005 ****70.00

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1. Entity Name

THE NATIONAL COUNCIL ON PROBLEM GAMBLING, INC.

Principal Place of Business

Mailing Address

10025 GOV WARFIELD PKWY
 STE 311
 COLUMBIA MD 21044
 US

10025 GOV WARFIELD PKWY
 STE 311
 COLUMBIA MD 20002-4328
 US

2. Principal Place of Business

3. Mailing Address

202 G St, NE

202 G St, NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Washington, DC

City & State

Washington DC

4. FEI Number

51-0141872

Applied For

Not Applicable

Zip

20002

Country

US

Zip

20002

Country

US

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

FLORIDA COUNCIL ON COMPULSIVE GAMBLING, INC
 1180 SPRING CENTER SOUTH BLVD
 STE 390
 ALTAMONTE SPRINGS FL 32714

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	FRANKLIN, JOANNA	
STREET ADDRESS	10025 GOV WARFIELD PKWY STE 311	
CITY-ST-ZIP	COLUMBIA MD	
TITLE	PC	<input checked="" type="checkbox"/> Delete
NAME	ASHE, PAUL R	
STREET ADDRESS	1180 SPRING CENTER SOUTH BLVD.,390	
CITY-ST-ZIP	LONGWOOD FL 32714	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PERTZOFF, ELIZABETH	
STREET ADDRESS	100 W 10TH ST., STE 303	
CITY-ST-ZIP	WILMINGTON DE 19801	
TITLE	SVPD	<input checked="" type="checkbox"/> Delete
NAME	MARVIN STEINBERG	
STREET ADDRESS	15 BROAD ST	
CITY-ST-ZIP	NEW LONDON CT	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	JACOBS, DURAND F P	
STREET ADDRESS	432 E CRESCENT AVE	
CITY-ST-ZIP	REDLANDS CA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PC	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles MAurer	
STREET ADDRESS	1001 Broadway, Ste 315	
CITY-ST-ZIP	Seattle, WA 98182	
TITLE	EUP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carol O'Hare	
STREET ADDRESS	3006 S. Maryland Pkwy, Ste 405	
CITY-ST-ZIP	Las Vegas, NV 89109	
TITLE	SUPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Betty Greer	
STREET ADDRESS	440 Bounds St, Ste G	
CITY-ST-ZIP	Jackson, MS 39206	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marvin Steinberg	
STREET ADDRESS	47 Clapboard Hill Rd, Ste G	
CITY-ST-ZIP	Guilford, CT 06437	
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: Elizabeth Pertzoff, Treasurer 6-5-00 302-655-3265
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)