

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90073 002 ****70.00

DOCUMENT # 735636

1. Entity Name

DRUG FREE AMERICA FOUNDATION, INC.

Principal Place of Business

Mailing Address

504 PASADENA AVE S
 C/O MEL SEMBLER
 ST. PETERSBURG FL 33707

C/O MEL SEMBLER
 5858 CENTRAL AVENUE
 ST. PETERSBURG FL 33707-1728



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1662427

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LOEBENBERG, WALTER P.
 6529 CENTRAL AVENUE
 ST. PETERSBURG FL 33710

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 _____ DATE _____

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	PD	<input type="checkbox"/> Delete
NAME	LOEBENBERG, WALTER P.	
STREET ADDRESS	6529 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	GARCIA, JOSEPH	
STREET ADDRESS	101 EAST KENNEDY BLVD, 2560	
CITY-ST-ZIP	TAMPA FL 33602-5157	
TITLE	CD	<input type="checkbox"/> Delete
NAME	SEMBLER, MEL	
STREET ADDRESS	5858 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCCORD, MARLENE	
STREET ADDRESS	5858 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another like empowered.

SIGNATURE: *Marlene McCord* **Marlene McCord** **Secretary / Director** **2/16/00** **729/384-6000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)