2002 UNIFORM BUSINESS REPORT (UBR)

FILED
02-05-2002 90015038 ****61.25
02 FEB 26 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2. Principal Place of Business	3. Mailing Address
600 1st Avenue North	600 1st Avenue North
Suite, Apt. #, etc.: Suite 302	Suite, Apt. #, etc.: Suite 302
City & State: St. Petersburg, FL	City & State: St. Petersburg, FL
Zip: 33701 Country: Pinellas	Zip: 33701 Country: Pinellas

02/5/02 90015 038 $61.25 DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-1662427 ☐ Applied For ☐ Not Applicable

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: ~~Drug Free America Foundation, Inc.~~ Street Address (P.O. Box Number is Not Acceptable): ~~600 1st Avenue North~~ ~~Suite 302~~ City: ~~St. Petersburg~~ **FL** Zip Code: ~~33701~~

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: Walt Loebenberg 1-18-02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LOBENBERG, WALTER P. 6529 CENTRAL AVENUE ST. PETERSBURG FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD SEMBLER, BETTY 600 1st Avenue North, Suite 302 St. Petersburg, FL 33701	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD GARCIA, JOSEPH 101 EAST KENNEDY BLVD, 2560 TAMPA FL 33602-5157	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Legal Counsel/VCD SNYDER, D. JAY, ESQUIRE 6529 Central Avenue St. Petersburg, FL 33710	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD SEMBLER, MEL 5858 CENTRAL AVENUE ST. PETERSBURG FL 33707	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLTON, JAMES W., ESQUIRE 14501 Gulf Boulevard Maderia Beach, FL 33708	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MCCORD, MARLENE 5858 CENTRAL AVENUE ST. PETERSBURG FL 33707	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LASHER, STUART G. 339 South Plant Avenue Tampa, FL 33606	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Calvina L. Fay SIGNATURE REQUIRED 1-17-02 727/826-0211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CALVINA L. FAY