

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 808654

1. Entity Name

MUSCULAR DYSTROPHY ASSOCIATION, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90004 023 ****70.00

Principal Place of Business

Mailing Address

3300 E. SUNRISE DRIVE
TUCSON AZ 85718

3300 E. SUNRISE DRIVE
TUCSON AZ 85718-3208

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

13-1665552

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 ☐ Delete
NAME **P BENNETT, ROBERT M**
STREET ADDRESS **3300 E. SUNRISE DRIVE**
CITY-ST-ZIP **TUCSON AZ**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S MASTERS, TIMMI**
STREET ADDRESS **3300 E SUNRISE DR**
CITY-ST-ZIP **TUCSON AZ**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **AC WEST, LOIS R**
STREET ADDRESS **3300 E. SUNRISE DRIVE**
CITY-ST-ZIP **TUCSON AZ**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V ROSS, ROBERT**
STREET ADDRESS **3300 E. SUNRISE DRIVE**
CITY-ST-ZIP **TUCSON AZ**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T WRIGHT, VICTOR R**
STREET ADDRESS **3300 E. SUNRISE DRIVE**
CITY-ST-ZIP **TUCSON AZ**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **AS WYNN, ARIEL**
STREET ADDRESS **3300 E. SUNRISE DRIVE**
CITY-ST-ZIP **TUCSON AZ**

☐ Change ☐ Addition
TITLE
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:

Ariel Wynn

Ariel Wynn, Assistant Secretary 520-529-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)