

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 808654

1. Entity Name

MUSCULAR DYSTROPHY ASSOCIATION, INC.

Principal Place of Business

3300 E. SUNRISE DRIVE
TUCSON AZ 85718

Mailing Address

3300 E. SUNRISE DRIVE
TUCSON AZ 85718

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

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

7. Name and Address of New Registered Agent

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

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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*
Assistant Secretary

1/11/01 (520) 529-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)



Fighting Neuromuscular Diseases

NATIONAL HEADQUARTERS

3300 East Sunrise Drive, Tucson, AZ 85718-3208

Telephone (520) 529-2000 • Fax (520) 529-5300

Web: www.mdausa.org • E-mail: mda@mdausa.org

*The first nonprofit organization honored with the American Medical Association's **Lifetime Achievement Award** "for significant and lasting contributions to the health and welfare of humanity."*

January 9, 2001

801047
Doc # 808654

Ms. Katherine Harris
Secretary of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Ms. Harris:

Enclosed please find the following for the Muscular Dystrophy Association, Inc.:

1. Completed 2001 Corporation Annual Report for the Florida Department of State.
2. Check #572573 in the amount of \$70 for the required \$61.25 filing fee and \$8.75 for a Certificate of Status.
3. Listing of officers and members of the Board of Directors.

Should you have any questions or need additional information, please contact me.

Sincerely,

Stephen P. Evans
Senior Accountant

SPE/dpc

Enclosure

cc: J. McCormick
S. Brown
P. Schreiber
M. Hodges

Return Receipt Requested
Z 152 666 778

Muscular Dystrophy Association

JERRY LEWIS, National Chairman • ROBERT M. BENNETT, President • ROBERT ROSS, Senior Vice President & Executive Director
LOIS R. WEST, Executive Committee Chairman • VICTOR R. WRIGHT, Treasurer • TIMMI MASTERS, Secretary

MUSCULAR DYSTROPHY ASSOCIATION, INC.
OFFICERS (*) AND MEMBERS OF THE BOARD OF DIRECTORS

July 14, 2000

National Office
3300 East Sunrise Drive
Tucson, Arizona 85718-3208

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*Robert M. Bennett
President

Jim Major

Louis R. Benzak
President Emeritus

*Timmi Masters
Secretary

Leon I. Charash, M.D.

Olin F. Morris

Bart Conner

Sara S. Portnoy, Esq.

Harold C. Crump

Christopher J. Rosa, Ph.D.

Joseph S. DiMartino

*Robert Ross
Senior Vice President & Executive Director

*David A. Gardner
Vice Chairman of the Executive Committee

Jeanne Y. Russell

Cynthia Garrett

*Lois R. West
Chairman of the Executive Committee
President Emeritus

R. Rodney Howell, M.D.

*Victor R. Wright
Treasurer

Suzanne Lowden

Jerry Lewis
National Chairman
Honorary Member, Board of Directors

OTHER OFFICERS

Daniel Bereck
Assistant Treasurer

Ashlie Warner
Assistant Treasurer

Ariel Wynn
Assistant Secretary

Gail Schmertz Kerner, Esq.
Assistant Secretary