

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 825528**

1. Entity Name

**CROHN'S & COLITIS FOUNDATION OF AMERICA, INC.**

Principal Place of Business

Mailing Address

386 PARK AVE SOUTH 17TH FL  
NEW YORK NY 10016-8804

386 PARK AVE SOUTH 17TH FL  
NEW YORK NY 10016-8804

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

**13-6193105**

Applied For  
Not Applicable

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
1201 HAYES STREET  
SUITE 105  
TALLAHASSEE FL 32301

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	PCEO	<input type="checkbox"/> Delete
NAME	ROMANO, JAMES V PH.D.	
STREET ADDRESS	386 PARK AVENUE SOUTH	
CITY-ST-ZIP	NEW YORK NY 10016	
TITLE	T	<input type="checkbox"/> Delete
NAME	FLOCH, JULIE L	
STREET ADDRESS	575 MADISON AVE 7T FLOOR	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	ST	<input type="checkbox"/> Delete
NAME	EGLER, ALEXANDRIA	
STREET ADDRESS	386 PARKS AVE S	
CITY-ST-ZIP	NEW YORK NY 10016	
TITLE	DOF	<input type="checkbox"/> Delete
NAME	TAUBENFELD, HELEN	
STREET ADDRESS	386 PARK AVENUE SOUTH	
CITY-ST-ZIP	NEW YORK NY 10016	
TITLE	VT	<input type="checkbox"/> Delete
NAME	RICHARDSON, LISA	
STREET ADDRESS	12403 SCARSDALE BLVD, STE D	
CITY-ST-ZIP	HOUSTON TX 77089	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALLAWANG, SCOTT	
STREET ADDRESS	1146 WINDBROOK DR 201	
CITY-ST-ZIP	BUFFALO GROVE IL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CHAIRPERSON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" 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:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/25/00*  
Date

Daytime Phone # \_\_\_\_\_