

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 845969**

1. Entity Name

**AMERICAN FRIENDS SERVICE COMMITTEE, INC.**

**FILED**  
**Jun 06, 2000 8:00 am**  
**Secretary of State**

06-06-2000 90481 018 \*\*\*\*70.00

Principal Place of Business 1501 CHERRY STREET PHILADELPHIA PA 19102	Mailing Address 1501 CHERRY ST 1501 CHERRY ST PHILADELPHIA PA 19102-1429 US
--	---

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 <b>23-1352010</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> 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
---	---

<b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State <b>FL</b> 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 \_\_\_\_\_

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
---	--	------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ED</b> <b>NEWELL, KARA L</b> <b>1501 CHERRY STREET</b> <b>PHILADELPHIA PA</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GENERAL SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>REEVES, DON</b> <b>1501 CHERRY ST.</b> <b>Philadelphia PA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <b>MATTSON, RONALD E</b> <b>5116 N CHARLES ST</b> <b>BALTIMORE MD 21210</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <input type="checkbox"/> Delete <b>GANN, DONALD</b> <b>1127 GREENSPRING VALLEY ROAD</b> <b>LUTHERVILLE MD</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Delete <b>NICKLIN, KATE</b> <b>6 BUTLER PLACE</b> <b>GARDEN CITY NY</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <input checked="" type="checkbox"/> Delete <b>RHODES, PAULA</b> <b>C.O.L.- UNIV. OF DEN. -1900 OLIVE ST</b> <b>DENVER CO 80220</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASSISTANT CLERK</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Phil Lord</b> <b>220 E. Mermaid Lane #208</b> <b>Philadelphia PA 19118</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <input type="checkbox"/> Delete <b>MEDRUD, MARIAGNES A</b> <b>3155 STANFORD AVE</b> <b>BOULDER CO 80303</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED** **DON REEVES, Gen'l Sec. 5/3/2000 (215) 241-7000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #