

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90339 017 ****70.00

DOCUMENT # F93000002873

1. Entity Name

THE AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION, I

Principal Place of Business

Mailing Address

27001 AGOURA RD
 SUITE #150
 CALABSSAS HILLS CA 91301
 US

27001 AGOURA RD
 SUITE #150
 CALABSSAS HILLS CA 91301
 US

UUUZZU03



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

same as above

3. Mailing Address

same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3271855

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

MOSKOWITZ, LILLIAN
 THE ALS ASSOCIATION - SOUTHERN FLORIDA
 1020 COUNTRY CLUB DR., #P-107
 MARGATE FL 33063

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 NAME	PCEO HAVLICEK, MICHAEL W	<input type="checkbox"/> Delete
STREET ADDRESS	21021 VENTURA BLVD, SUITE 321	
CITY-ST-ZIP	WOODLAND HILLS CA	
TITLE NAME	VPF GAJ, CRAIG D	<input type="checkbox"/> Delete
STREET ADDRESS	21021 VENTURA BLVD, SUITE 321	
CITY-ST-ZIP	WOODLAND HILLS CA	
TITLE NAME	TCFO BENJAMIN S OHRENSTEIN ESQ CPA	<input type="checkbox"/> Delete
STREET ADDRESS	354 W LANCASTER AVE, SUITE 212	
CITY-ST-ZIP	HAVERFORD PA	
TITLE NAME	VPCS LOWLAND, DEE DEE	<input type="checkbox"/> Delete
STREET ADDRESS	21021 VENTURA BLVD, SUITE 321	
CITY-ST-ZIP	WOODLAND HILLS CA	
TITLE NAME	S ALEXANDER, DARA	<input type="checkbox"/> Delete
STREET ADDRESS	1405 VENTATA DRIVE	
CITY-ST-ZIP	RUSKIN FL 33573	
TITLE NAME	C ROSS, STEVEN L	<input type="checkbox"/> Delete
STREET ADDRESS	601 SECOND AVENUE SOUTH, 4200 1ST BANK PL	
CITY-ST-ZIP	MINNEAPOLIS MN	

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	27001 Agoura Rd., Suite 150
CITY-ST-ZIP	Calabasas Hills, CA 91301-5104
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	27001 Agoura Rd., Suite 150
CITY-ST-ZIP	Calabasas Hills, CA 91301-5104
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	27001 Agoura Rd., Suite 150
CITY-ST-ZIP	Calabasas Hills, CA 91301-5104
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Michael Havlicek* **REQUIRE** Havlicek, Pres. & CEO 2/20/01 (818)880-9007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)