

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000003473

1. Entity Name

~~NATIONAL COMMITTEE TO PREVENT CHILD ABUSE CORP.~~

PREVENT CHILD ABUSE AMERICA

Principal Place of Business

Mailing Address

200 S. MICHIGAN AVENUE
17TH FLOOR
CHICAGO IL 60604

200 S. MICHIGAN AVENUE
17TH FLOOR
CHICAGO IL 60604-2404

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

23-7235671

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

**DRAKE, ELIZABETH
1702 S.W. 16TH AVE., SUITE 2189
GAINESVILLE FL 32608**

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 ~~EDAS~~ ☐ Delete
NAME JOHNSON, A. SIDNEY III
STREET ADDRESS 200 S. MICHIGAN AVE- 17TH FLR
CITY-ST-ZIP CHICAGO IL 60604

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~PD~~ ☐ Delete
NAME DUGHI, MAURA S
STREET ADDRESS 525 VALLEY RD
CITY-ST-ZIP WATCHUNG NJ 07060

TITLE **CHAIRMAN OF THE BOARD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~VPO~~ ☐ Delete
NAME HESTER, J. MICHAEL
STREET ADDRESS 3719 PEBBLE BCH RD
CITY-ST-ZIP NORTHBROOK IL 60062

TITLE **VICE CHAIRMAN OF THE BOARD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~VPO~~ ☐ Delete
NAME SABOL, BARBARA J
STREET ADDRESS ONE MICHIGAN AVE EAST
CITY-ST-ZIP BATTLE CREEK MI 49017-4058

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

TITLE ~~S~~ ☐ Delete
NAME LANZARA, GARY M
STREET ADDRESS 8200 JONES BRANCH DR- MS 402
CITY-ST-ZIP MCLEAN VA 22101

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

TITLE ~~TD~~ ☐ Delete
NAME SLOAN, GARY
STREET ADDRESS 5650 W CENTRAL AVE, SUITE D
CITY-ST-ZIP TOLEDO OH 43614

☐ Change ☐ 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)(f), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/23/00

Date

312 663-3520

Daytime Phone #

CR EX 7 (1/1/01)

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Form **2758**

(Rev. June 1998)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File
Certain Excise, Income, Information, and Other Returns**

OMB No. 1545-0148

▶ **File a separate application for each return.**Please type or
print. File the
**original and one
copy** by the due
date for filing
your return. See
instructions on
back.Name
PREVENT CHILD ABUSE AMERICAEmployer identification number
23-7235691

Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address)

200 S. MICHIGAN AVENUE 17TH FLOOR

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

CHICAGO IL 60604**Note:** Corporate income tax return filers must use **Form 7004** to request an extension of time to file. Partnerships, REMICs, and trusts must use **Form 8736** to request an extension of time to file Form 1065, 1066, or 1041.1 I request an extension of time until **AUGUST 15, 2000**, to file (check only one):

- | | | | |
|--|---|---|------------------------------------|
| <input type="checkbox"/> Form 706-GS(D) | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 1120-ND (sec. 4951 taxes) | <input type="checkbox"/> Form 8612 |
| <input type="checkbox"/> Form 706-GS(T) | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 3520-A | <input type="checkbox"/> Form 8613 |
| <input checked="" type="checkbox"/> Form 990 or 990-EZ | <input type="checkbox"/> Form 1041 (estate) (see instructions) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8725 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 5227 | <input type="checkbox"/> Form 8804 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1042 | <input type="checkbox"/> Form 6069 | <input type="checkbox"/> Form 8831 |

If the organization does not have an office or place of business in the United States, check this box ☐

2a For calendar year _____, or other tax year beginning _____ and ending _____

b If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period3 Has an extension of time to file been previously granted for this tax year? ☐ Yes ☒ No4 State in detail why you need the extension. **ADDITIONAL TIME NEEDED TO COMPLETE
AUDIT, WHICH IS NEEDED TO COMPLETE TAX RETURN.**

5a If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____

b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____

c **Balance due.** Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. See instructions. \$ _____**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form.

Signature ▶

Title ▶

Date ▶ **5/9/00****FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy.****Notice to Applicant—To Be Completed by the IRS**

- ☐ We **HAVE** approved your application. Please attach this form to your return.
- ☐ We **HAVE NOT** approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to your return.
- ☐ We **HAVE NOT** approved your application. After considering the reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
- ☐ We cannot consider your application because it was filed after the due date of the return for which an extension was requested.
- ☐ Other: _____

Director

By: _____

Date

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Please
Type
or
Print

Name

Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address)

City, town or post office, state, and ZIP code. For a foreign address, see instructions.