

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002379

1. Entity Name

THE DRUG-FREE* ALL-STARS FOUNDATION, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90064 013 ****61.25

Principal Place of Business	Mailing Address
1026 CREEKFORD DR FT LAUDERDALE FL 33326	1026 CREEKFORD DR FT LAUDERDALE FL 33326-2861

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	52-1702740	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FERRI, GERARD 1026 CREEKFORD DR FT LAUDERDALE FL 33326	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. <input type="checkbox"/> \$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																								
<table><tr><td>TITLE</td><td>CPT</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>FERRI, GERARD</td><td></td></tr><tr><td>STREET ADDRESS</td><td>1026 CREEKFORD DR</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>FT LAUDERDALE FL 33326</td><td></td></tr></table>	TITLE	CPT	<input type="checkbox"/> Delete	NAME	FERRI, GERARD		STREET ADDRESS	1026 CREEKFORD DR		CITY-ST-ZIP	FT LAUDERDALE FL 33326		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	CPT	<input type="checkbox"/> Delete																							
NAME	FERRI, GERARD																								
STREET ADDRESS	1026 CREEKFORD DR																								
CITY-ST-ZIP	FT LAUDERDALE FL 33326																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>VCV</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>CAREY, ANDY</td><td></td></tr><tr><td>STREET ADDRESS</td><td>19000 MCARTHUR BLVD #400</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>IRVINE CA 92715</td><td></td></tr></table>	TITLE	VCV	<input type="checkbox"/> Delete	NAME	CAREY, ANDY		STREET ADDRESS	19000 MCARTHUR BLVD #400		CITY-ST-ZIP	IRVINE CA 92715		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	VCV	<input type="checkbox"/> Delete																							
NAME	CAREY, ANDY																								
STREET ADDRESS	19000 MCARTHUR BLVD #400																								
CITY-ST-ZIP	IRVINE CA 92715																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>SD</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>WAITE, WILLIAM</td><td></td></tr><tr><td>STREET ADDRESS</td><td>19000 MCARTHUR BLVD #400</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>IRVINE CA 92715</td><td></td></tr></table>	TITLE	SD	<input type="checkbox"/> Delete	NAME	WAITE, WILLIAM		STREET ADDRESS	19000 MCARTHUR BLVD #400		CITY-ST-ZIP	IRVINE CA 92715		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete																							
NAME	WAITE, WILLIAM																								
STREET ADDRESS	19000 MCARTHUR BLVD #400																								
CITY-ST-ZIP	IRVINE CA 92715																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>TIMMONS, GLENN</td><td></td></tr><tr><td>STREET ADDRESS</td><td>36 AVIGNON</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>NEWPORT COAST CA 92657</td><td></td></tr></table>	TITLE	D	<input type="checkbox"/> Delete	NAME	TIMMONS, GLENN		STREET ADDRESS	36 AVIGNON		CITY-ST-ZIP	NEWPORT COAST CA 92657		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete																							
NAME	TIMMONS, GLENN																								
STREET ADDRESS	36 AVIGNON																								
CITY-ST-ZIP	NEWPORT COAST CA 92657																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
TITLE		<input 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: Gerard Ferreri 3-25-2000 954-349-8025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #