

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002379

1. Entity Name

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

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90026 014 ****61.25

Principal Place of Business

Mailing Address

1026 CREEKFORD DR
FT LAUDERDALE FL 33326

1026 CREEKFORD DR
FT LAUDERDALE FL 33326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 52-1702740

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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. ☐

\$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 CPT
NAME FERRI, GERARD
STREET ADDRESS 1026 CREEKFORD DR
CITY-ST-ZIP FT LAUDERDALE FL 33326 ☐ Delete

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

TITLE VCV
NAME CAREY, ANDY
STREET ADDRESS 19000 MCARTHUR BLVD #400
CITY-ST-ZIP IRVINE CA 92715 ☐ Delete

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

TITLE SD
NAME WAITE, WILLIAM
STREET ADDRESS 19000 MCARTHUR BLVD #400
CITY-ST-ZIP IRVINE CA 92715 ☐ Delete

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

TITLE D
NAME TIMMONS, GLENN
STREET ADDRESS 36 AVIGNON
CITY-ST-ZIP NEWPORT COAST CA 92657 ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1502

Date

Daytime Phone #

CR2E037 (9/01)