

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90038 009 ***158.75

DOCUMENT # **F99000001169**

1. Entity Name
**National Coalition of Advocates
 For Students, INC.**

Principal Place of Business Mailing Address
**NCAS, 100 Boylston St., Suite 737
 Boston, MA 02116**

2. Principal Place of Business
Boston, MA

3. Mailing Address
same as above

Suite, Apt. #, etc.
Suite 737

Suite, Apt. #, etc.
same as above

City & State
Boston, MA

City & State
same as above

Zip
02116

Country

Zip
same

Country
same

DO NOT WRITE IN THIS SPACE

4. FEI Number
#521199047

Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent
**MARIE JOSE LEDAN
 590 NW 111th St.
 Miami, FL 33168 USA**

7. Name and Address of New Registered Agent
 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 **N/A**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C.P. VITO PERRONE HESSE, Longfellow Hall RM 224 Cambridge, MA 02138 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC PAUL WICKSTEIN 1875 Connecticut Ave #510 Washington, DC 20009 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. MARK W. GRIFFITH 1205 FULTON ST BROOKLYN, NY 11216 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Laurie OISEN 43614 St. # 820 Oakland, CA 94614 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Roger L. Rice 240 A ELM ST #22 Somerville, MA 02144 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Beverly Glenn 10616 Gloucester Lane Cheltenham, MD 20623 <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C.P. Beverly Glenn 10616 Gloucester Lane Cheltenham, MD 20623 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Sarah Gilliam 311 South Juniper St. #200 Philadelphia, PA 19107 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Witbur Haddock 155 Washington St. #205 Newark, NJ 07102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Khatharya UM 1212 Broadway #400 Oakland, CA 94612 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Hilda CREPO 1444 I St. NW. 8th Floor Washington, DC 20036 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Man Lier**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/2000 (617) 357-8507
 Date Daytime Phone #

CR2E034 (9/99)