

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

0089611

DOCUMENT # F99000001169

1. Entity Name

NATIONAL COALITION OF ADVOCATES FOR STUDENTS, IN

05-10-2001 90118 003 *****70.00

Principal Place of Business

NCAS. 100 BOYLSTON ST #737
 BOSTON MA 02116

Mailing Address

NCAS. 100 BOYLSTON ST #737
 BOSTON MA 02116

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

52-1199047

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

LEDAN, MARIE-JOSE
590 NW 111TH ST
MIAMI FL 33168

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP PERRONE, VITO HGSE, LONGFELLOW HALL, ROOM 224 CAMBRIDGE MA 02138	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC WECKSTEIN, PAUL 1875 CONNECTICUT AVE, SUITE 510 WASHINGTON DC 20009	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFITH, MARK W 1205 FULTON ST BROOKLYN NY 11216	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLSEN, LAURIE 436 14TH ST #820 OAKLAND CA 94614	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICE, ROGER L 240A ELM ST, SUITE 22 SOMERVILLE MA 02144	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GLENN, BEVERLY 10616 GLOUCESTER LANE CHEETENHAM MD 02623	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP BEVERLY GLENN 10616 GLOUCESTER LANE CHEETENHAM, MD 02623	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC SARAH GILLIAM 311 SOUTH JUNIPER ST # 200 PHILADELPHIA PA 19107	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILBUR HADDOCK 155 WASHINGTON ST # 205 NEWARK N.J. 07102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KATHARYA UM 1244 BASIL CORROUSHOLL A 2574 BERKELEY CA 94720	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	+ HILDA CRAJDO 1444 T ST NW WASHINGTON DC 20036	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Kosana Lord
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

617-357-8507x20

Daytime Phone #

CR2E037 (10/00)