

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001216

1. Entity Name

AIDS HEALTHCARE FOUNDATION, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90047 012 ****61.25

Principal Place of Business

Mailing Address

6255 W. SUNSET BLVD. 21ST FLOOR
LOS ANGELES CA 90028

6255 W. SUNSET BLVD. 21ST FLOOR
LOS ANGELES CA 90028-7403

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

95-4112121

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

GOLDSTEIN, FREDERIC S
7563 PHILLIPS HWY, SUITE 202A
JACKSONVILLE FL 32256

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	C	<input type="checkbox"/> Delete
NAME	MCMAHON, BRIAN J	
STREET ADDRESS	7320 WOODROW WILSON DR	
CITY-ST-ZIP	LOS ANGELES CA 90046	
TITLE	VC	<input type="checkbox"/> Delete
NAME	ALBERTSON, WALLACE	
STREET ADDRESS	1618 SUNSET PLAZA DR	
CITY-ST-ZIP	LOS ANGELES CA 90069	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DASH, LORETTA	
STREET ADDRESS	16133 VENTURA BLVD #820	
CITY-ST-ZIP	ENCINO CA 91436	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DIAZ, AGAPITO	
STREET ADDRESS	3995 PROSPECT AVE	
CITY-ST-ZIP	LOS ANGELES CA 90027	
TITLE	P	<input type="checkbox"/> Delete
NAME	WEINSTEIN, MICHAEL	
STREET ADDRESS	6255 W. SUNSET BLVD, 21ST FLOOR	
CITY-ST-ZIP	LOS ANGELES CA 90028	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVEN SCHULTE	
STREET ADDRESS	6255 W. SUNSET BLVD #2100	
CITY-ST-ZIP	LOS ANGELES, CA 90028	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, AGAPITO	
STREET ADDRESS	3995 PROSPECT AVE	
CITY-ST-ZIP	LOS ANGELES, CA 90027	
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, without other like empowered.

SIGNATURE:

SIGNATURE OF MICHAEL WEINSTEIN 2-9-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

323-860-5200

Daytime Phone #

CR2E037 (9/99)