

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90106 050 ****61.25

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DOCUMENT # F99000001216

1. Entity Name

AIDS HEALTHCARE FOUNDATION, INC.



Principal Place of Business

6255 W. SUNET BLVD., 21ST FLOOR
LOS ANGELES CA 90028

Mailing Address

6255 W. SUNET BLVD., 21ST FLOOR
LOS ANGELES CA 90028

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

EUGENE, BUNDRICK RN
110 SE 6TH ST STE 1960
FORT LAUDERDALE FL 33301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Eugene Bundrick, RN

4-8-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☒ Delete
NAME **MCAHON, BRIAN J**
STREET ADDRESS **7320 WOODROW WILSON DR**
CITY-ST-ZIP **LOS ANGELES CA 90046**

TITLE **CHARPERSON** ☒ Change ☐ Addition
NAME **ALBERTSON, WALLACE**
STREET ADDRESS **1618 SUNSET PLAZA DR**
CITY-ST-ZIP **LOS ANGELES, CA 90069**

TITLE **VC** ☒ Delete
NAME **ALBERTSON, WALLACE**
STREET ADDRESS **1618 SUNSET PLAZA DR**
CITY-ST-ZIP **LOS ANGELES CA 90069**

TITLE **CHARPERSON** ☒ Change ☐ Addition
NAME **FISCHER, LAURENT**
STREET ADDRESS **3393 2nd ST**
CITY-ST-ZIP **SAN DIEGO, CA 92104**

TITLE **S** ☐ Delete
NAME **SCHULTE, STEVEN**
STREET ADDRESS **6255 W SUNSET BLVD #2100**
CITY-ST-ZIP **LOS ANGELES CA 90028**

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

TITLE **T** ☐ Delete
NAME **DIAZ, AGAPITO**
STREET ADDRESS **3995 PROSPECT AVE**
CITY-ST-ZIP **LOS ANGELES CA 90027**

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

TITLE **P** ☐ Delete
NAME **WEINSTEIN, MICHAEL**
STREET ADDRESS **6255 W. SUNSET BLVD, 21ST FLOOR**
CITY-ST-ZIP **LOS ANGELES CA 90028**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED MICHAEL WEINSTEIN **2-27-03** **723-860-5200**

CR2E037 (10/02)