

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006826

1. Entity Name

FLORIDA DADS AGAINST DISCRIMINATION, INC.

Principal Place of Business

Mailing Address

13421 SW 14 PLACE
LAUDERDALE FL 33325

13421 SW 14 PLACE
FT LAUDERDALE FL 33325

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

65-1048706

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

BETTELLI, ROBERT J
13421 SW 14 PLACE
FT LAUDERDALE FL 33325

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SCHLASKE, ROBERT
209 RIVIERA CR
WESTON FL 33326
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Robert Schiave
627 SE 4 AVE APT 302
FT LAUD, FL 33301-3149
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ZISKIND, DAVID
775 SW 120 WAY
DAVID FL 33325
☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/SECT.
IRA TELLER
7041 SUNSET STRIP
SUNRISE, FL 33313-0000
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BETTELLI, JEAN
13421 SW 14 PL
DAVIE FL 33325
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SPALDING, TONY
2554 GULFSTREAM LN
FORT LAUDERDALE FL 33312
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

Signature and Typed or Printed Name of Signing Officer or Director
Jean Bettelli 2/26/02 (954) 475-458



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

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