

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

03-28-2003 90084 017 ****61.25

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DOCUMENT # N00000006826

1. Entity Name

FLORIDA DADS AGAINST DISCRIMINATION, INC.



Principal Place of Business

13421 SW 14 PLACE
FT LAUDERDALE FL 33325

Mailing Address

13421 SW 14 PLACE
FT LAUDERDALE FL 33325

2. Principal Place of Business

3. Mailing Address

55031824



☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1048706**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

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 **D** ☒ Delete
NAME **SCHLAF, ROBERT**
STREET ADDRESS **627 SE 4 AVE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301-3149**

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

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

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

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

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

TITLE **VS** ☐ Delete
NAME **TELLER, IRA**
STREET ADDRESS **7041 SUNSET STRIP**
CITY-ST-ZIP **SUNRISE FL 33313-0000**

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

TITLE **D** ☐ Delete
NAME **Robert Bettelli**
STREET ADDRESS **13421 SW 14 PL**
CITY-ST-ZIP **DAVIE FL 33325**

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

TITLE **D** ☐ Delete
NAME **KEVIN CUNNINGHAM**
STREET ADDRESS **8114 NW 93 AVE**
CITY-ST-ZIP **TAMARAC FL 33321**

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)(f), 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: **T. SPALDING**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

3-25-03 (954) 493-9263

CR25037 (10/02)