

8/26

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Sep 10, 2002 8:00 am
Secretary of State

08-26-2002 90052 022 ****61.25

DOCUMENT # N01000003667

1. Entity Name

AMERICAN ASSOCIATION FOR DISABLED CHILDREN, INC.

Principal Place of Business

Mailing Address

159 NW 68TH STREET
FT LAUDERDALE FL 33309159 NW 68TH STREET
FT LAUDERDALE FL 33309

42425

2. Principal Place of Business

3. Mailing Address

159 NW 68TH ST

159 NW 68TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

FT. LAUDERDALE, FL

FT. LAUDERDALE, FL

4. FEI Number

Applied For

Zip
33309Country
USZip
33309Country
US5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARCHAMBAULT, EUGENE
159 NW 68TH STREET
FT LAUDERDALE FL 33309

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 ARCHAMBAULT, PRES.

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

NOTE: Registered Agent signature required when reinstating)

8-22-02

DATE

After September 13, 2002,
min. will be \$236.25.9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake 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	PRESIDENT - DIRECTOR EUGENE ARCHAMBAULT 159 NW 68TH ST. FT. LAUDERDALE, FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DONNA ARCHAMBAULT 159 NW 68TH ST FT. LAUDERDALE, FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MICHELE ARCHAMBAULT 2441 KILMORE ST. HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/02)