

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37825

1. Entity Name

ART AGAINST AIDS, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90932 034 ****61.25

Principal Place of Business

114 1/2 SOUTH PALAFOX STREET
PENSACOLA FL 32501
US

Mailing Address

114 1/2 SOUTH PALAFOX STREET
PENSACOLA FL 32501-4839
US

2. Principal Place of Business

207 Jefferson St
Suite, Apt. #, etc.
Pensacola FL
City & State

3. Mailing Address

207 Jefferson Street
Suite, Apt. #, etc.
Pensacola FL
City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3004206

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLDMAN, JIM
114 1/2 SOUTH PALAFOX STREET
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GORE, W AYNE F.	
STREET ADDRESS	520 W MALLORY ST	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CATCHES, SAM	
STREET ADDRESS	520 W MALLORY STREET	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	AMERSON, JAMES	
STREET ADDRESS	1010 N 12TH AVENUE #133	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MADDOX, JOEL	
STREET ADDRESS	P O BOX 591 N/A	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KILLOUGH, GARY	
STREET ADDRESS	304 KEPNER DR.	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GOLDMAN, JAMES N.	
STREET ADDRESS	45 SOUTH JEFFERSON ST	
CITY-ST-ZIP	PENSACOLA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	see Tre.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Earl Watson	
STREET ADDRESS	1602 N 10th Ave	
CITY-ST-ZIP	Pensacola FL 32503	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mitzi Velardi	
STREET ADDRESS	1521 E Bobe St.	
CITY-ST-ZIP	Pensacola FL 32503	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sandy Whitehead	
STREET ADDRESS	400 N Davis Hwy	
CITY-ST-ZIP	Pensacola FL 32501	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Crain	
STREET ADDRESS	292 Echo Circle	
CITY-ST-ZIP	Ft Walton Beach FL 32548	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roxanne Doughtrey	
STREET ADDRESS	6247 Spanish Oak Ct	
CITY-ST-ZIP	Pensacola, FL 32524	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dale Brown	
STREET ADDRESS	120 Brandon Ave	
CITY-ST-ZIP	Pensacola FL 32507	

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 #

4-18-00 850-438-8112

CR2E037 (9/99)