

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40178

1. Entity Name

AIDS RESOURCE ALLIANCE, INC.

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90073 039 \*\*\*\*61.25

Principal Place of Business

Mailing Address

701 E. SOUTH ST.  
 ORLANDO FL 32801

701 E. SOUTH ST.  
 ORLANDO FL 32801-2910

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

59-3056762

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

SHERWOOD, ROBERT  
 141 EAST COPELAND DR.  
 ORLANDO FL 32806

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 TD ☒ Delete  
 NAME REYNOLDS, SUYREA  
 STREET ADDRESS 211 REINDEER RD  
 CITY-ST-ZIP CHRISTMAS FL 32709

TITLE TD ☐ Change ☒ Addition  
 NAME Diana B. Murray  
 STREET ADDRESS 1731 Santa Maria Place  
 CITY-ST-ZIP Orlando, FL 32806

TITLE D ☐ Delete  
 NAME O'BRIEN, TIM  
 STREET ADDRESS 1023 CALIFORNIA CREEK DR.  
 CITY-ST-ZIP OVIEDO FL 32765

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

TITLE SD ☐ Delete  
 NAME SHERWOOD, BOB  
 STREET ADDRESS 141 E. COPELAND DR.  
 CITY-ST-ZIP ORLANDO FL 32806

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

TITLE PD ☒ Delete  
 NAME RUETER, STEVE  
 STREET ADDRESS 162 SPRING CHASE CIRCLE  
 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32812

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

TITLE D ☐ Delete  
 NAME CLAUDE, VINCE  
 STREET ADDRESS 5337 OLD OAK TREE DR  
 CITY-ST-ZIP ORLANDO FL 32808

TITLE PD ☒ Change ☐ Addition  
 NAME Claude, Vince  
 STREET ADDRESS 5337 Old Oak Tree Drive  
 CITY-ST-ZIP Orlando, FL 32808

TITLE DPE ☒ Delete  
 NAME PRINZ, DEBBIE  
 STREET ADDRESS 601 E. ROLLINS ST  
 CITY-ST-ZIP ORLANDO FL 32803

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  
 DONNA L. SMITH-DIRECTOR  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-21-00

(407) 894-2233

Date

Daytime Phone #

CR2E037 (9/99)