

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N40178

FILED  
Apr 26, 2002 8:00 AM  
Secretary of State

Entity Name: AIDS RESOURCE ALLIANCE, INC.

## Current Principal Place of Business:

701 E. SOUTH ST.  
ORLANDO, FL 32801

## New Principal Place of Business:

## Current Mailing Address:

701 E. SOUTH ST.  
ORLANDO, FL 32801

## New Mailing Address:

FEI Number: 59-3056762

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SHERWOOD, ROBERT  
141 EAST COPELAND DR.  
ORLANDO, FL 32806 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: TD ( ) Delete  
Name: MURRAY, DIANA B  
Address: 1731 SANTA MARIA PL  
City-St-Zip: ORLANDO, FL 32806

Title: SD ( ) Delete  
Name: SHERWOOD, BOB  
Address: 141 E. COPELAND DR.  
City-St-Zip: ORLANDO, FL 32806

Title: PD ( ) Delete  
Name: CLAUDE, VINCE  
Address: 5337 OLD OAK TREE DR  
City-St-Zip: ORLANDO, FL 32808

Title: D ( ) Delete  
Name: SMITH, DONNA  
Address: 701 E. SOUTH STREET  
City-St-Zip: ORLANDO, FL 32801

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MURRAY, DIANA B  
Address: 1731 SANTA MARIA PL  
City-St-Zip: ORLANDO, FL 32806

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: CLAUDE, VINCE  
Address: 5337 OLD OAK TREE DR  
City-St-Zip: ORLANDO, FL 32808

Title: ED (X) Change ( ) Addition  
Name: ROMAN-NAY TORRES, GILDA  
Address: 701 E. SOUTH STREET  
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MURRAY, DIANA B.

PD

04/26/2002

Electronic Signature of Signing Officer or Director

Date