

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42589

1. Entity Name

SADD - STUDENTS AGAINST DRIVING DRUNK, INC.

Principal Place of Business

Mailing Address

255 MAIN STREET
MARLBORO MA 01752

P.O. BOX 800
MARLBORO MA 01752-0800

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

04-2764514

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

MAINWOOD, ART
ROOM 414, FLORIDA EDUCATION CENTER
FLORIDA DEPARTMENT OF EDUCATION
TALLAHASSEE FL 32399-0444

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 P ☐ Delete
NAME WALLACE, STEPHEN G
STREET ADDRESS P.O. BOX 1880, MAIN ST
CITY-ST-ZIP BREWSTER MA 02631

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

TITLE D ☐ Delete
NAME SANDLER, RICK
STREET ADDRESS 419 BOYLSTON STREET
CITY-ST-ZIP BOSTON MA

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

TITLE D ☐ Delete
NAME CULLINANE, WILLIAM
STREET ADDRESS 98 RIVERVIEW DR
CITY-ST-ZIP CLEMAUE MA 02633

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

TITLE D ☐ Delete
NAME SHARON SIKORA
STREET ADDRESS 5691 WEST ABAHAM LN
CITY-ST-ZIP GLENDALE AZ

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

TITLE D ☐ Delete
NAME ALVIANO, JOSEPH
STREET ADDRESS 75 NORTH DRIVE
CITY-ST-ZIP WESTSORO MA 01581

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

TITLE D ☐ Delete
NAME GIMBEL, MICHAEL
STREET ADDRESS 9 GREENRIDGE RD
CITY-ST-ZIP LUTHERVILLE MD

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90006 033 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

01-07-00 508-481-3568