

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90107 019 ****61.25

DOCUMENT # N42589

1. Entity Name

SADD - STUDENTS AGAINST DRIVING DRUNK, INC.



Principal Place of Business

**255 MAIN STREET
MARLBORO MA 01752**

Mailing Address

**P.O. BOX 800
MARLBORO MA 01752-1102**

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

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

7. Name and Address of New Registered Agent

Name **Danielle Miot**

Street Address (P.O. Box Number is Not Acceptable)

444 Applewood Drive

City **Tallahassee**

FL

Zip Code

32304

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

02/04/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME **P**
STREET ADDRESS **WELLS, PENELOPE**
CITY-ST-ZIP **225 MAIN ST.
MARLBOROUGH MA 01752**

☐ Delete

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

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

☐ Delete

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

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

☐ Delete

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

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

☐ Delete

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

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

☐ Delete

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

TITLE
NAME **S**
STREET ADDRESS **LAZSON, GLORIA**
CITY-ST-ZIP **ONE POST OFFICE SQ
BOSTON MA 02109**

☐ Delete

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

PENELOPE WELLS President **1/23/03**

CR2E037 (10/02)