2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 08:00 AM
Secretary of State

DOCUMENT # **N45040**

1. Entity Name
COMMUNITY AIDS NETWORK, INC.

Principal Place of Business	Mailing Address
150 EAST AVE SOUTH	150 EAST AVE SOUTH
SARASOTA FL 34237	SARASOTA FL 34237

2. Principal Place of Business	3. Mailing Address
1231 N. TUTTLE AVENUE	1231 N. TUTTLE AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA FL	City & State: SARASOTA FL
Zip: 34237 Country:	Zip: 34237 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0278528** ☐ 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
STALL, JEFFREY 1875 FLOYD ST. SARASOTA FL 34239 US	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 _____ **04/06/2001**
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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE	DS		TITLE	DS	
NAME	ERICKSON LINDA LCSW		NAME	THOMASON E. CEO	
STREET ADDRESS	1857 FLOYD ST		STREET ADDRESS	6204 98TH STREET EAST	
CITY-ST-ZIP	SARASOTA FL 34239		CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	DT	☐ Delete	TITLE	DT	☒ Change ☐ Addition
NAME	HEINZELMAN BILL CPA		NAME	AUGHEY RITA CPA	
STREET ADDRESS	1052 MARLIN LAKES CIRCLE #2118		STREET ADDRESS	811 PALM AVENUE	
CITY-ST-ZIP	SARASOTA FL 34232		CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	DP	☐ Delete	TITLE	DP	☒ Change ☐ Addition
NAME	BLOOM DAVID MD		NAME	HEINZELMAN BILL CPA	
STREET ADDRESS	5631 DOMINICA CIRCLE		STREET ADDRESS	1052 MARLIN LAKES CIRCLE #2118	
CITY-ST-ZIP	SARASOTA FL 34233		CITY-ST-ZIP	SARASOTA FL 34232	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (11/00)

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: Bill Heinzelman, CPA DP 04/06/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #