## NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Jun 11, 2002 8:00 am Secretary of State **DOCUMENT#** N45040 06-11-2002 90393 010 \*\*\*\*70.00 1. Entity Name COMMUNITY AIDS NETWORK, INC. 117840 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address <u>1231 N</u> <u>Tuttle Ave</u> <u>1231 N</u> <u>Tuttle Ave</u> Suite Act. #, etc. Sulte. Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number Sarasota, Sarasota, FL 65-0278528 Not Applicable Zip 34237 Zip 34237 Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent STALL, JEFFREY
Street Address (P.O. Box Number is Not Acceptable) DO NOT WRITE <u> 1875 FLOYD ST</u> IN THIS SPACE 34239 SARASOTA 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 Signatura, typed or printed name of registrary) agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) CATS ψ, 9. Election Campaign Financing FEE IS \$61.25 Make Check Payable to \$5,00 May Be Trust Fund Contribution. Initial or Amended UBR Added to Fees Department of State OFFICERS AND DIRECTORS 10. HILE HILE DP NAME BILL HEINZELMAN, CPA STREET ADDRESS STREET ADDRESS 1052 MARLIN LAKES CIR. #2118 CITY-ST-ZIP CATY-SI-ZIF SARASOTA, FL 34232 THE NAME NAME STREET ADDRESS STREET AUCRESS CHTYPSTFZIP\*\*\* CITY-ST-ZW mis me NAME RITA AUGHEY, CPA STREET ADDRESS STREET ADDRESS 11004 WATER LILY WAY DO NOT WRITE CITY -ST- ZIP CITY ST ZIP BRADENTON, FL 34202 IIIL IN THIS SPACE NAME ELIZABETH THOMASON NAME STREET ADDRESS 9104 58th DR. EAST STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP BRADENTON, FL 34202 THEE iiit: NAME NS ME STREET ADDRESS STREET AUGREST CITY -ST-ZIP CITY-ST-ZIP HILE THE NAME NAME STREET ADDRESS STRELF ADDRESS CHY-SY-702 COY-SY-ZIP

12. Thereby 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 efficer 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 on an other part of the corporation of 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 on an other part of the corporation of 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 on an other part of the corporation of 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 on an other part of the corporation of 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 on an other part of the corporation of th attachment with an address with all other like empowered. RITA AUGHEY, CPA

SIGNATURE

**FILED**