

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

02-15-2001 90020 047 ****61.25

DOCUMENT # N45283

1. Entity Name

THE SAFE SCHOOLS COALITION, INC.

Principal Place of Business

5351 GULF DR.
 HOLMES BEACH FL 34217

Mailing Address

5351 GULF DR.
 HOLMES BEACH FL 34217

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

65-0300014

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

~~ERIKSON~~
 ERIKSON, RUTH
 5351 GULF DR
 HOLMES BEACH FL 34217

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 \$81.25**

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

TITLE	P	NAME	LA MAR HAYNES	STREET ADDRESS	1201 16TH ST NW	CITY-ST-ZIP	WASHINGTON DC 20036	☐ Delete
TITLE	PE	NAME	MCEVOY, ALAN	STREET ADDRESS	8438 GREEN RIDGE AVE	CITY-ST-ZIP	NEW CARLISLE OH	☐ Delete
TITLE	D	NAME	MITCHELL, JOHN	STREET ADDRESS	555 NEW JERSEY AVE NW	CITY-ST-ZIP	WASHINGTON DC 20001	☐ Delete
TITLE	D	NAME	GALLEGOS, ARNOLD	STREET ADDRESS	1871 NW TIERRA DEL RIO	CITY-ST-ZIP	ALBUQUERQUE NM	☐ Delete
TITLE	D	NAME	MCEVOY, ALAN	STREET ADDRESS	8438 GREEN RIDGE AVE	CITY-ST-ZIP	NEW CARLISLE OH	☐ Delete
TITLE	P	NAME	GWENDOLYN COOKE	STREET ADDRESS	9903 ASSOCIATION DR	CITY-ST-ZIP	RESTON VA	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	NAME	LaMar Haynes	STREET ADDRESS	1201 16th St NW	CITY-ST-ZIP	Washington DC	☒ Change ☐ Addition
TITLE	D	NAME	Alan McEvoy	STREET ADDRESS	1395 William & Mary Ct	CITY-ST-ZIP	Yellow Springs OH 45387	☒ Change ☐ Addition
TITLE	PE	NAME	John Mitchell	STREET ADDRESS	555 New Jersey Ave	CITY-ST-ZIP	Washington DC 20001	☐ Change ☒ Addition
TITLE	D	NAME	Ruth Erickson	STREET ADDRESS	5351 Gulf Dr	CITY-ST-ZIP	Holmes Beach FL 34217	☐ Change ☒ Addition
TITLE	D	NAME	Alan McEvoy	STREET ADDRESS	1395 William & Mary Ct	CITY-ST-ZIP	Yellow Springs OH 45387	☒ Change ☐ Addition
TITLE	D	NAME	Gwendolyn Cooke	STREET ADDRESS	9903 Association Dr	CITY-ST-ZIP	Reston VA 20190	☒ 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)(X), 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

Ruth Erickson 2-27-01 941-778-6682
 Ruth Erickson Date Daytime Phone

CP2E037 (10/00)