

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90113 040 ****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

5351 Gulf Dr

3. Mailing Address

Suite, Apt. #, etc.

City & State

Holmes Beach 1

City & State

FL

4. FEI Number

65-0300014

Applied For

Not Applicable

Zip

34217

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

Erickson
 ERIKSON, RUTH
 5351 GULF DR
 HOLMES BEACH FL 34217

7. Name and Address of New Registered Agent

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. 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

**After September 13, 2002,
 min. will be \$236.25.**

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 NAME STREET ADDRESS CITY-ST-ZIP	D LA MAR HAYNES 1201 16TH ST NW WASHINGTON DC 20036	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCEVOY, ALAN 1395 WILLIAM OR MARY CV YELLOW SPRINGS OH 45387	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, JOHN 555 NEW JERSEY AVE NW WASHINGTON DC 20001	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLEGOS, ARNOLD 1671 NW TIERRA DEL RIO ALBUQUERQUE NM	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCEVOY, ALAN 1395 WILLIAM OR MARY CV YELLOW SPRINGS OH 45387	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GWENDOLYN COOKE P.O. BOX 5381 CINCINNATI OH 45201	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LaMar Haynes 5980 Robing Pl Alexandria VA 22310	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President John Vank 1351 56th Ave Greeley CO 80634	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Margaret Evans 1615 Duke St Alexandria VA 22314	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richard Verdugo 1201 16th St NW Washington DC 20036	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Erickson Secretary-Treas. 7-9-02 941778-6652

CR2E037 (4/02)