## **2002 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # N45283** THE SAFE SCHOOLS COALITION, INC.

## FILED Jul 17, 2002 8:00 am Secretary of State 07-17-2002 90113 040 \*\*\*\*61.25

NAME STREET ADDRESS 1201 16TH ST NW WASHINGTON DC 20036  TITLE NAME STREET ADDRESS CITY-ST-ZIP				~	1					
HOLMES BEACH FL 3017  2. Principal Placa of Business 5 3 5 1 Gull A  Suite Apt. 4, etc.  DO NOT WRITE IN This SPACE  DO NOT WRITE IN THIS SPAC	Principal Plan	ce of Business	Mailing Address			-				
Suite Apt # etc.    Coy & State				7						
Suite Apt # etc.    Coy & State							 		BII SIBII IBBI	
Suite Apt # etc.    Coy & State	•	Place of Business	3. Mailing Address							
COUNTY  COUNTY  COUNTY  COUNTY  S. Certificate of State Desired  S. RY3 Additional  S. Name and Address of Current Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  S. The above remord onlity authorits this statement for the purpose of changing its registered differ or rog stored agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.  SIGNATURE  Sig							(		.,, 4,6,1, 1841	
### Special Country   Special	Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS S	SPACE		
### Stock Actions   Scale   Section   Status Desired   St	City & Sta	te	City & State			4. FEI Number		TA	oplied For	
Name   Street Address (P.O. Box Number is Not Acceptable)	Holm		1 F!			65	-0300014		<u>'.'</u>	
Name   Street Address (P.O. Box Number is Not Acceptable)	Zip 34	Country	Zip	Country	,	5. Certificate of Stat				
Sireet Address (P.O. Box Number is Not Acceptable)  Sireet Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Code  City  FL  Zip Code  City  City  FL  Zip Code  City	<u> </u>	6. Name and Address of Current	Registered Agent		***************************************	7. Name and Addre		<u>'</u>		
SIGNATURE  After September 13, 2002, min. will be \$236.25.  OFFICERS AND DIRECTORS  IT SIGNATURE  After September 13, 2002, min. will be \$236.25.  OFFICERS AND DIRECTORS  IT SIGNATURE  After September 13, 2002, min. will be \$236.25.  OFFICERS AND DIRECTORS  IT SIGNATURE  After September 13, 2002, min. will be \$236.25.  OFFICERS AND DIRECTORS  IT SIGNATURE  After September 13, 2002, min. will be \$236.25.  OFFICERS AND DIRECTORS  IT SIGNATURE  IT SIGNATURE  After September 13, 2002, min. will be \$236.25.  OFFICERS AND DIRECTORS  IT SIGNATURE  IT SIGNATURE  After September 13, 2002, min. will be \$236.25.  OFFICERS AND DIRECTORS  IT SIGNATURE  After September 13, 2002, min. will be \$236.25.  OFFICERS AND DIRECTORS  IT SIGNATURE  AFTER AGAINGTON DE 20038  IT SIGNATURE  IT SIGNATURE  AGAINGTON DE 20038  IT SIGNATURE  AGAINGTON DE 20038  IT SIGNATURE  DEBET AGAINGTON DE 20038  IT SIGNATURE  DEBET AGAINGTON DE 20001  IT		The same of the sa		N	ame				· ~	
SSSI GULP DR HOLMES BEACH FL 34217  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  Signature, hybert or preted name of registered agent and the f applicable.  After September 13, 2002, min, will be \$236.25.  OFFICERS AND DIRECTORS  ITTLE  IA MAR HAYNES  SIRET ADDRESS  ITTLE  INAME  MEEVOY, ALAN  SIRET ADDRESS  S					Street Address (P.O. Box Number is Not Acceptable)					
### City ### Delete ##################################										
City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE										
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Tam familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signatur				С	ity		FÍ	Zip Cod	le	
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Trust Fund Contribution.    Added to Fees   Department of State		Signature, typed or printed name of registered agent	and title if applicable. (NC	OTE: Registered Age	nt signature required	d when reinstating)	DATE			
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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	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D LA MAR HAYNES 1201 16TH ST NW WASHINGTON DC 20036 P MCEVOY, ALAN 1395 WILLIAM OR MARY CV YELLOW SPRINGS OH 45387 D MITCHELL, JOHN 555 NEW JERSEY AVE NW WASHINGTON DC 20001 D GALLEGOS, ARNOLD 1671 NW TIERRA DEL RIO ALBUQUERQUE NM D MCEVOY, ALAN 1395 WILLIAM OR MARY CV YELLOW SPRINGS OH 45387 D GWENDOLYN COOKE P.O. BOX 5381	Delete  Delete  Delete  Delete	TITLE NAME STREET AD CITY-ST-Z TITLE NAME STREET AD STREET A	DRESS IP  VICO Joh 135 P  DRESS IP	er flagnes caro Ribing lexandria VI President n Vone Ave eley Co 80 repret Evi repret Evi repret Evi repret Evi repret Evi repret Evi repret Evi repret Evi repret Evi repret Evi repred Verd 1 16 th St	P1 1 22310 1634 ans 6+ 1/A 22314	☐ Change ☐ Change ☐ Change ☐ Change	Addition  Addition  Addition	

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.

Erickson Secretary-Treas 7-9-02 941778-452 **SIGNATURE:**