

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50633

1. Entity Name

TEENS AGAINST DRUGS AND ALCOHOL, INC.

Principal Place of Business

1372 BENNETT DR
SUITE 156
LONGWOOD FL 32750
US

Mailing Address

1372 BENNETT DR
SUITE 156
LONGWOOD FL 32750-7564
US

2. Principal Place of Business

4630 S. KIRKMAN RD. #745
Suite, Apt. #, etc.
#745

3. Mailing Address

4630 S. KIRKMAN RD
Suite, Apt. #, etc.
#745

City & State

ORLANDO, FL.

City & State

ORLANDO, FL.

Zip

32811

Country

U.S.A.

Zip

32811

Country

U.S.A.

4. FEI Number

59-3173802

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GASPERONI, EMIL A., JR.
SUITE 800
505 WEKIVA SPRINGS ROAD
LONGWOOD FL 32779

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.

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 \$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

TITLE	MD	<input checked="" type="checkbox"/> Delete
NAME	WOODRUFF, LEONARD	
STREET ADDRESS	1611 MADISON ST.	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TOWLES, JOY	
STREET ADDRESS	328 HWY 19	
CITY-ST-ZIP	SALEM FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VEREEN, DANNY	
STREET ADDRESS	101 HUGHEY AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	GEORGE PAPAGEORGIOU	
STREET ADDRESS	4894 CASON COVE	
CITY-ST-ZIP	ORLANDO, FL. 32803	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	KEN KLUGH	
STREET ADDRESS	810 WHITTINGHAM CT.	
CITY-ST-ZIP	LAKE MARY, FL. 32746	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	DANIEL LAPOINTE	
STREET ADDRESS	710 E. CENTRAL BLVD.	
CITY-ST-ZIP	ORLANDO, FL. 32801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-07-00

407 425-6833

Date

Daytime Phone #

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90098 001 ****61.25

02-14-2000 90098 002 *****8.75

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DO NOT WRITE IN THIS SPACE