

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50633

1. Entity Name

TEENS AGAINST DRUGS AND Alcohol INC. ✓

Principal Place of Business

Mailing Address

3208-C E. COLONIAL DR. STE. 349  
ORLANDO, FL. 32803

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

59-3173802

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

EMIL GASPERONI JR.  
505 WERKUA SPRINGS RD. STE. 800  
LONGWOOD, FL. 32779

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE MD  
NAME GEORGE PAPAGEORGIOU  
STREET ADDRESS 4894 CASON COVE #305  
CITY-ST-ZIP ORLANDO, FL. 32811 ☒ Delete

TITLE MD  
NAME MARGARET FLINT  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D  
NAME KEN KUGH  
STREET ADDRESS 810 WHITTINGHAM CT  
CITY-ST-ZIP LAKE MARY, FL. 32746 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME DANIEL LAPOINTE  
STREET ADDRESS 710 E. CENTRAL BLVD.  
CITY-ST-ZIP ORLANDO, FL. 32801 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-01

Date

407-831-8066

Daytime Phone #

CR2E037 (11/00)