

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90043 018 ****61.25

DOCUMENT # **N50633**

1. Entity Name

TEENS AGAINST DRUGS AND ALCOHOL INC.

DO NOT WRITE IN THIS SPACE

427750

2. Principal Place of Business

3208-C E. COLONIAL DR.

3. Mailing Address

3208-C E. COLONIAL DR.

Suite, Apt. #, etc.

SUITE 349

Suite, Apt. #, etc.

STE. 349

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

Zip

32803

Country

U.S.A.

Zip

32803

Country

U.S.A.

4. FEI Number

59-3173802

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

EMIL GASPERONI JR.

Street Address (P.O. Box Number is Not Acceptable)

505 WELFARE SPES. RD. STE. 800

City

LONGWOOD

FL

Zip Code

32779

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IN THIS SPACE**

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

**FEE IS \$61.25
Initial or Amended UBR**

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	M MARGARET FLINT 8773 FOLEY DR. ORLANDO, FL. 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEN KINGH 810 WHITTINGHAM CT LAKE MARY, FL. 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIEL LA POINTE 710 E CENTRAL BLVD. ORLANDO, FL. 32801

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Margaret Flint **MARGARET FLINT**

3-8-02 407831-8066

CR2E037B (12/01)