

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N50912**

1. Entity Name

**FLORIDA AIDS ACTION FOUNDATION, INC.**

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90033 031 \*\*\*\*61.25

Principal Place of Business <b>12490 NE 7TH AVE #214 NO. MIAMI FL 33161 US</b>	Mailing Address <b>12490 NE 7TH AVE #214 NO. MIAMI FL 33161-5660 US</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>65-0380952</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**FERRER, LUIGI  
6700 SW 52ND STREET  
MIAMI FL 33155**

Name **A. Gene Copello**  
 Street Address (P.O. Box Number is Not Acceptable)  
**12490 NE 7th Avenue, # 214**  
 City **North Miami** **FL** Zip Code **33161**

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 *A. Gene Copello* **A. Gene Copello**  
 Executive Director **4-20-00**  
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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>GAYNOR, BARBARA</b>
STREET ADDRESS	<b>555 NE 34TH STREET #1503</b>
CITY-ST-ZIP	<b>MIAMI FL 33137</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MCRAE, GEORGE REV</b>
STREET ADDRESS	<b>1706 NW 68TH STREET</b>
CITY-ST-ZIP	<b>MIAMI FL 33147</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>WALDRON, DAVID</b>
STREET ADDRESS	<b>20161 MIDWAY BLVD.</b>
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33952</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BROWN, RONALD R</b>
STREET ADDRESS	<b>2629 W 10TH ST</b>
CITY-ST-ZIP	<b>PANAMA CITY FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MINCEY, VALERIE</b>
STREET ADDRESS	<b>1122 HARMON AVE.</b>
CITY-ST-ZIP	<b>PANAMA CITY FL 32401</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>FERRER, LUIGI</b>
STREET ADDRESS	<b>6700 SW 52 ST</b>
CITY-ST-ZIP	<b>MIAMI FL</b>

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *A. Gene Copello* **A. Gene Copello** **4-20-00** **(813) 390-8869**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)