2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90156 025 ****61.25

0095025

DOCUMENT # N50912

1. Entity Name
FLORIDA AIDS ACTION FOUNDATION, INC.

Principal Place of Business	Mailing Address
12901 BRUCE B. DOWNS BLVD UNIVERSITY OF SOUTH FLORIDA - MDC 4146 TAMPA FL 33612 US	PO BOX 16705 TAMPA FL 33687 US

☑ CHECK HERE IF MAKING CHANGES

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 65-0380952 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

A. GENE COPELLO
12901 BRUCE B DOWNS BLVD
UNIVERSITY OF SOUTH FLORIDA - MDC4146
TAMPA FL 33612

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE A. Gene Copello 4-24-03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAYNOR, BARBARA 555 NE 34TH STREET #1503 MIAMI FL 33137	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Cathy Robinson - Sec. 931 Cumberland St Lakeland FL 33801	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KURTZMAN, ROBIN 8218 RIVERBOAT DRIVE TAMPA FL 33637	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Marylin Merida - P 13201 Bruce B. Downs Blvd. Tampa FL 33612	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S-VP WALDRON, DAVID 3180 BELLEVUE STREET SARASOTA FL 34237	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Marc Cohen - D 660 NE 125 ST Miami FL 33161	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, RONALD R 208 CASA PLACE PANAMA CITY FL 32413	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Charles Martin - D Box 4579 Key West FL 33041-4579	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P D MINCEY, VALERIE 1122 HARMON AVE. PANAMA CITY FL 32401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Tony Plakas - D 7600 South Dixie Highway West Palm Beach FL 33405	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SIBERT, LUTHER 1199 SHIPWATCH CIRCLE TAMPA FL 33602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Yolette Bonnet - D 2330 S Congress Ave West Palm Beach FL 33406	☐ Change ☒ Addition

CR2E037 (10/02)

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 REQUIRED 4-24-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR