

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001995

1. Entity Name

CHILDRENS AIDS NETWORK NATIONAL, INC.

Principal Place of Business

3015 N. OCEAN BLVD.
SUITE 109
FT. LAUDERDALE FL 33308

Mailing Address

3015 N. OCEAN BLVD.
SUITE 109
FT. LAUDERDALE FL 33308

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

65-0484404

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, JOHN B
6301 SW 3RD ST
MARGATE FL 33068

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 P
NAME EATON, MICHAEL C
STREET ADDRESS 3015 N. OCEAN BLVD., STE 109
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

TITLE T
NAME MODRECK, GEORGIA
STREET ADDRESS 3015 N. OCEAN BLVD. #109
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

TITLE D
NAME ERBELING, JOHN S.
STREET ADDRESS 3015 N. OCEAN BLVD. #109
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

TITLE D
NAME WRIGHT, JOHN B.
STREET ADDRESS 3015 N OCEAN BLVD, STE 109
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

John B. Wright

Date

Daytime Phone #

4-17-01

954.630.0401

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90015 047 *****61.25

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DO NOT WRITE IN THIS SPACE

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