

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005823

1. Entity Name

THE AIDS RESOURCE ALLIANCE FOUNDATION, INC.

Principal Place of Business

701 E SOUTH ST
ORLANDO FL 32801
US

Mailing Address

701 E SOUTH ST
ORLANDO FL 32801-2910
US

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

59-3281800

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

COCKRELL, JACQUE
9122 PRISTINE CIRCLE
ORLANDO FL 32818

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 D ☐ Delete
NAME CLAUDE, VINCE
STREET ADDRESS 5337 OLD OAK TRE DR
CITY-ST-ZIP ORLANDO FL 32804

TITLE PD ☒ Change ☐ Addition
NAME Claude, Vince
STREET ADDRESS 5337 Old Oak Tree Drive
CITY-ST-ZIP Orlando, FL 32808

TITLE D ☐ Delete
NAME O'BRIEN, TIM
STREET ADDRESS 1023 CALIFORNIA CREEK DR
CITY-ST-ZIP OVIEDO FL 32765

TITLE TD ☐ Change ☒ Addition
NAME Murray, Diana B.
STREET ADDRESS 1731 Santa Maria Place
CITY-ST-ZIP Orlando, FL 32806

TITLE SD ☐ Delete
NAME SHERWOOD, BOB
STREET ADDRESS 141 E COPELAND DR
CITY-ST-ZIP ORLANDO FL 3280

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

TITLE PD ☒ Delete
NAME RUETER, STEVE
STREET ADDRESS 162 SPRING CHASE CIR
CITY-ST-ZIP ALTAMONTE SPRINGS FL 3281

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

TITLE TD ☒ Delete
NAME REYNOLDS, SUYREA
STREET ADDRESS 21153 REINDEER RD
CITY-ST-ZIP CHRISTMAS FL 3270

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

TITLE DPE ☒ Delete
NAME PRINZ, DEBBIE
STREET ADDRESS 601 E. ROLLINS ST
CITY-ST-ZIP ORLANDO FL 32803

TITLE ☐ Change ☐ 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:

DONNA L. SMITH

04-21-00 (407) 894-2233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)