

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005823

1. Entity Name

THE AIDS RESOURCE ALLIANCE FOUNDATION, INC.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90070 020 ****70.00

Principal Place of Business

701 E SOUTH ST
ORLANDO FL 32801
US

Mailing Address

701 E SOUTH ST
ORLANDO FL 32801
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

ALBERT F. BECKER, DIRECTOR

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

701 E. SOUTH ST.

City

ORLANDO

FL

Zip Code
32801

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 ALBERT F. BECKER, DIRECTOR, ARA FOUNDATION, INC.

Albert F. Becker

1-05-01

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CLAUDE, VINCE
5337 OLD OAK TRE DR
ORLANDO FL 32808 ☐ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MATHEWS, JOE
2420 KILDARE DR
CHULUOTA, FL 32766 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SHERWOOD, BOB
141 E COPELAND DR
ORLANDO FL 32808 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
MURRAY, DIANA B
1731 SANTA MARIA PLACE
ORLANDO FL 32806 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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 *Albert F. Becker* ALBERT F. BECKER, DIRECTOR

1-5-01

407-894-2233x49

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)