

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005149

1. Entity Name

TOGETHER AGAINST GANGS, INC.

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90031 025 \*\*\*\*61.25

Principal Place of Business	Mailing Address
1515 N FEDERAL HWY #210 BOCA RATON FL 33432 US	1515 N FEDERAL HWY #210 BOCA RATON FL 33432-1952 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7280 W. PALMETTO PK RD Suite, Apt. #, etc. #105 N City & State BOCA RATON, FL Zip 33433 Country USA	7280 W. PALMETTO PK RD Suite, Apt. #, etc. #105 N City & State BOCA RATON FL Zip 33433 Country USA

4. FEI Number	65-0613512	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SACHS, PETER S ESQ.  
SACHS & SAX, P.A.  
301 YAMATO ROAD, SUITE 4150  
BOCA RATON FL 33431

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 \_\_\_\_\_ (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	VPD	TITLE	VPD
NAME	SCOTT, ANDREW III	NAME	MARY MCCARTY
STREET ADDRESS	100 N.W. BOCA RATON BLVD.	STREET ADDRESS	301 OLIVE AVE
CITY-ST-ZIP	BOCA RATON FL 33432	CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	SD	TITLE	
NAME	POLLACK, ARTHUR	NAME	
STREET ADDRESS	5100 TOWN CENTER CIRCLE, 6TH FL	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	GERONEMUS, LEONARD A	NAME	
STREET ADDRESS	301 YAMATO RD, 3100	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	JOHNSON, ART	NAME	
STREET ADDRESS	2900 N.E. 6 DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	CITY-ST-ZIP	
TITLE	D	TITLE	PD
NAME	TURESKY, LEONARD	NAME	
STREET ADDRESS	902 LCINT MOORE RD, STE. 132	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	KRISCHER, BARRY	NAME	
STREET ADDRESS	401 NORTH DIXIE HIGHWAY	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	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 in an attachment with an address, with all other like empowered.

SIGNATURE SIGNATURE REQUIRED   
Treasurer 2/16/00 561241-1040  
Date Daytime Phone #

CR2E037 (9/99)