

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005149

1. Entity Name

TOGETHER AGAINST GANGS, INC.

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

01-24-2001 90001 028 ****61.25

Principal Place of Business

7280 W. PALMETTO PK RD
#105N
BOCA RATON FL 33433
US

Mailing Address

7280 W. PALMETTO PK RD
#105N
BOCA RATON FL 33433
US

2. Principal Place of Business

11922 WATERWOOD DR.

Suite, Apt. #, etc.

3. Mailing Address

11922 WATERWOOD DR.

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

65-0613512

Applied For

Not Applicable

Zip

33428-1026

Country

USA

Zip

33428-1026

Country

USA

5. Certificate of Status Desired ☐

\$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

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	VPD	<input type="checkbox"/> Delete
NAME	MCCARTY, MARY	
STREET ADDRESS	301 OLIVE AVE	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	SD	<input type="checkbox"/> Delete
NAME	POLLACK, ARTHUR	
STREET ADDRESS	5100 TOWN CENTER CIRCLE, 6TH FL.	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GERONEMUS, LEONARD A	
STREET ADDRESS	301 YAMATO RD, 3100	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, ART	
STREET ADDRESS	2900 N.E. 6 DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input type="checkbox"/> Delete
NAME	TURESKY, LEONARD	
STREET ADDRESS	902 CLINT MOORE RD, STE. 132	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRISCHER, BARRY	
STREET ADDRESS	401 NORTH DIXIE HIGHWAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VC/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2505 NW BOCA RATON BLVD, STE 202	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	902 CLINT MOORE RD, STE 132	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE OF LEONARD A GERONEMUS Treasurer

1/10/01 561-241-1040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)