

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005619

1. Entity Name

STUDENTS AGAINST DRUGS, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90086 050 ****61.25

Principal Place of Business

Mailing Address

1822 ELLINGTON CT.
VALRICO FL 33594

1822 ELLINGTON CT.
VALRICO FL 33764-1015

010001

2. Principal Place of Business

3. Mailing Address

2650 Butterfly Dr.
Suite, Apt. #, etc.

2650 Butterfly Dr.
Suite, Apt. #, etc.

Clearwater, FL
City & State

Clearwater, FL
City & State

33764 FL
Zip Country

33764 U.S.A.
Zip Country

4. FEI Number 65-0877684

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

CRAMER, DAVID
1822 ELLINGTON CT.
VALRICO FL 33594

Name Marceline Goldstein

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

2650 Butterfly Dr.

City Clearwater

FL

Zip Code 33764

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 *Marceline Goldstein, Sec. Treas.*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

3-2-00
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 | D CRAMER, DAVID 1822 ELLINGTON CT. VALRICO FL 33594 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Charles Braun 1283 S. Teahouse Dr. Clearwater, FL., 33764 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GOULD, MARK 23 BIRCH ST. SAUGUS MA 01906 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Robert Kirch 1211 Pekinese Dr. Clearwater, FL. 33764 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVT GOLDSTEIN, GORDON 27650 BUTTERFLY DRIVE CLEARWATER FL 33764 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS GOLDSTEIN, MARCELINE 2650 BUTTERFLY DR. CLEARWATER FL 33764 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CRAMER, LAUREL A 1822 ELLINGTON COURT VALRICO FL 33594 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Marceline Goldstein* 3-2-00 1-800-617-8561

CR2E037 (9/99)