

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000005619**

1. Entity Name

STUDENTS AGAINST DRUGS, INC.

Principal Place of Business

**2650 BUTTERFLY DR
CLEARWATER FL 33764**

Mailing Address

**2650 BUTTERFLY DR
CLEARWATER FL 33764**

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

65-0877684Applied 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

**GOLDSTEIN, MARCELINE
2650 BUTTERFLY DR
CLEARWATER FL 33764**

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 NAME STREET ADDRESS CITY-ST-ZIP | D BRAUN, CHARLES 1283 S TEAHOUSE DR CLEARWATER FL 33764 | <input type="checkbox"/> Delete |
|--|--|---------------------------------|

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|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|--|--|---|

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|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KIRCH, ROBERT 1211 PEKINESE DR CLEARWATER FL 33764 | <input type="checkbox"/> Delete |
|--|--|---------------------------------|

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|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS GOLDSTEIN, MARCELINE 2650 BUTTERFLY DR. CLEARWATER FL 33764 | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 *Marceline Goldstein* 4-17-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

04-24-2001 90014 004 ****75.00

643647

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)