2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-28-2002 90787 038 ****70.00

DOCUMENT # N98000005619

1. Entity Name

STUDENTS AGAINST DRUGS, INC.

Principal Place of Business	Mailing Address
2650 BUTTERFLY DR CLEARWATER FL 33764	2650 BUTTERFLY DR CLEARWATER FL 33764

2. Principal Place of Business	3. Mailing Address
88 CONVERSE STREET	P.O. BOX 520
Suite, Apt. #, etc.	Suite, Apt. #, etc.
STONEHAM, MA	WAKEFIELD, MA
Zip 02180 / Country USA	Zip 01880 / Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0877684 — Applied For / Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDSTEIN, MARCELINE
2650 BUTTERFLY DR
CLEARWATER FL 33764

7. Name and Address of New Registered Agent

Name PETER RIVELLINI

Street Address (P.O. Box Number is Not Acceptable) 911 CHESTNUT STREET

City CLEARWATER FL Zip Code 33756

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] 5-18-02

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	D	[X] Delete	[ ] Change [ ] Addition
NAME	BRAUN, CHARLES		
STREET ADDRESS	1283 S TEAHOUSE DR		
CITY-ST-ZIP	CLEARWATER FL 33764		
TITLE	PD	[X] Delete	[ ] Change [ ] Addition
NAME	KIRCH, ROBERT		
STREET ADDRESS	1211 PEKINESE DR		
CITY-ST-ZIP	CLEARWATER FL 33764		
TITLE	DS	[ ] Delete	[X] Change [ ] Addition
NAME	GOLDSTEIN, MARCELINE		
STREET ADDRESS	2650 BUTTERFLY DR.	88 CONVERSE STREET	
CITY-ST-ZIP	CLEARWATER FL 33764	STONEHAM, MA 02180	
TITLE		[ ] Delete	V/D [ ] Change [X] Addition
NAME			MARK GOULD
STREET ADDRESS			280 LONG POND DRIVE
CITY-ST-ZIP			DRACUT, MA 01826
TITLE		[ ] Delete	V/D [ ] Change [X] Addition
NAME			GERALD GOULD
STREET ADDRESS			23 BIRCH STREET
CITY-ST-ZIP			SAUGUS, MA 01906
TITLE		[ ] Delete	P/T/D [ ] Change [X] Addition
NAME			JORI BLUMSACK
STREET ADDRESS			88 CONVERSE STREET
CITY-ST-ZIP			STONEHAM MA 02180

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 4-15-02 1-800-617-3451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (9/01)