# 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<br>CLEARWATER FL 33764 | 2650 BUTTERFLY DR<br>CLEARWATER FL 33764 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 88 CONVERSE STREET | P.O. Box 520 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: STONEHAM, MA | City & State: WAKEFIELD, MA |
| Zip: 02180 Country: USA | Zip: 01880 Country: USA |

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 |
|---|---|
| GOLDSTEIN, MARCELINE<br>2650 BUTTERFLY DR<br>CLEARWATER FL 33764 | Name: PETER RIVELLINI<br>Street Address (P.O. Box Number is Not Acceptable): 911 CHESTNUT STREET<br>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: Peter Rivellini 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BRAUN, CHARLES<br>1283 S TEAHOUSE DR<br>CLEARWATER FL 33764 | ☒ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>KIRCH, ROBERT<br>1211 PEKINESE DR<br>CLEARWATER FL 33764 | ☒ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>GOLDSTEIN, MARCELINE<br>2650 BUTTERFLY DR.<br>CLEARWATER FL 33764 | ☐ Delete | | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | V/D<br>MARK GOULD<br>250 LONG POND DRIVE<br>DRACUT, MA 01826 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | V/D<br>GERALD GOULD<br>23 BIRCH STREET<br>SAUGUS, MA 01906 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | P/T/D<br>JORI BLUMSACK<br>88 CONVERSE STREET<br>STONEHAM MA 02180 | ☐ Change ☒ Addition |

CR2E037 (9/01)

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 #