

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90376 011 \*\*\*\*70.00

**DOCUMENT # N98000005619**

1. Entity Name

**STUDENTS AGAINST DRUGS, INC.**



Principal Place of Business

**500 MASHIE CIRCLE  
MASHPEE MA 02649**

Mailing Address

**P.O. BOX 520  
WAKEFIELD MA 01880**

2. Principal Place of Business

**14 WEYLAND CIRCLE**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**NORTH ANDOVER, MA**

City & State

4. FEI Number **65-0877684**

Applied For

Not Applicable

Zip

**01845**

Country

**USA**

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**RIVELLINI, PETER  
911 CHESTNUT STREET  
CLEARWATER FL 33756**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete  
NAME **GOULD, GERALD**  
STREET ADDRESS **88 CONVERSE STREET**  
CITY-ST-ZIP **STONEHAM MA 02180**

TITLE **VD** ☐ Delete  
NAME **GOULD, MARK**  
STREET ADDRESS **280 LONG POND DRIVE**  
CITY-ST-ZIP **DRACUT MA 01826**

TITLE **VD** ☒ Delete  
NAME **GOULD, GERALD**  
STREET ADDRESS **23 BIRCH STREET**  
CITY-ST-ZIP **SAUGUS MA 01906**

TITLE **PTD** ☐ Delete  
NAME **BLUMSACK, JORI**  
STREET ADDRESS **88 CONVERSE STREET**  
CITY-ST-ZIP **STONEHAM MA 02180**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **23 BIRCH ST**  
CITY-ST-ZIP **SAUGUS MA 01906**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **14 Weyland Circle**  
CITY-ST-ZIP **NORTH ANDOVER MA 01845**

TITLE ☐ Change ☒ Addition  
NAME **SD**  
STREET ADDRESS **MARCELINE C. GOLDSTEIN**  
CITY-ST-ZIP **14 WEYLAND CIRCLE**  
**NORTH ANDOVER MA 01845**

TITLE ☐ Change ☐ 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: JORI BLUMSACK**

**4/30/03**

**978-258-8618**

CR2E037 (10/02)