

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001489

1. Entity Name

FAMILIES AGAINST DRUGS, INC.

Principal Place of Business

Mailing Address

3536 EDLINGHAM CT.
ORLANDO FL 32812

3536 EDLINGHAM CT.
ORLANDO FL 32812

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

59-3569384

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

COOPER, BILLIE H
3536 EDLINGHAM CT.
ORLANDO FL 32812

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

Billie H. Cooper Billie H Cooper - Exec. Dir. 2-15-02

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 ☐ Delete
NAME COOPER, BILLIE
STREET ADDRESS 3536 EDLINGHAM CT.
CITY-ST-ZIP ORLANDO FL 32812

TITLE P ☒ Addition
NAME Carol Franz
STREET ADDRESS 4375 Tidewater Dr.
CITY-ST-ZIP Orlando, FL 32812

TITLE D ☐ Delete
NAME SCOTT, ERNIE
STREET ADDRESS 2400 33RD ST.
CITY-ST-ZIP ORLANDO FL 32809

TITLE D ☒ Addition
NAME Ann Bennett
STREET ADDRESS 795 32nd St.
CITY-ST-ZIP Orlando, FL 32805

TITLE D ☐ Delete
NAME HANKINS, CHUCK
STREET ADDRESS 4131 INGLENOOK LN
CITY-ST-ZIP ORLANDO FL 32839

TITLE D ☒ Addition
NAME Dannielle DeBose
STREET ADDRESS 2812 Pembroke Dr.
CITY-ST-ZIP Orlando, FL 32810

TITLE D ☒ Delete
NAME WESTER, MARIO
STREET ADDRESS 4375 TIDEWATER DR
CITY-ST-ZIP ORLANDO FL 32812

TITLE ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WEBSTER, BURLIN
STREET ADDRESS 300 INTERNATIONAL PKWY STE 424
CITY-ST-ZIP HEATHROW FL 32746

TITLE D ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME LEE, SHERRI
STREET ADDRESS 103 BRANTLEY HALL LN
CITY-ST-ZIP LONGWOOD FL 32779

TITLE ☐ 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:

Billie H. Cooper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90134 038 ****61.25



DO NOT WRITE IN THIS SPACE

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