2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attackment with an address, with all other like empowered

SIGNATURE:

FILED Jun 07, 2000 8:00 am Secretary of State DOCUMENT # N99000002785 1. Entity Name STUDENTS AGAINST VIOLENCE & EMOTIONAL DISTRESS, INC. 06-07-2000 90430 024 ****61.25 Principal Place of Business Mailing Address 1299 MAIN STREET POST OFFICE BOX 613 PALM HARBOR FL 34682-0613 SUITE F DUNEDIN FL 34698-5333 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Not Applicable Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 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 Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61,25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. X Addition PD Delete TITLE TITLE NAME NAME SCOTT, DONNA M STREET ADDRESS STREET ADDRESS 1299 MAIN STREET CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL 34698-5333 X** Addition ☐ Delete TITLE TITLE SCOTT, STEPHEN M NAME NAME STREET ADDRESS STREET ADDRESS 1299 MAIN STREET CITY-ST-ZIP CITY-ST-ZIP DUNEDIN FL 34698-5333 Delete TITLE TITLE Stacie Grassmu NAME NAME HIGGS, HOPE STREET ADDRESS STREET ADDRESS 1299 MAIN STREET CITY-ST-ZIP CITY-ST-ZIP DUNEDIN FL 34698-5333 ☐ Change Addition TITLE TITLE Delete NAME NAME Pringle, Selma STREET ADDRESS STREET ADDRESS 1299 MAIN STREET CITY-ST-ZIP CITY-ST-ZIP DUNEDIN FL 34698-5333 TITLE ☐ Change ☐ Addition TITLE PETRESCUE, RANDY NAME NAME STREET ADDRESS STREET ADDRESS 1299 MAIN STREET CITY-ST-ZIP CITY-ST-ZIP DUNEDIN FL 34698-5333 ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 out, that I an another of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name that it is expected in execute this report as required by Chapter 617, Florida Statutes; and that my name that it is executed in execute this report as required by Chapter 617, Florida Statutes; and that my name that my n