

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P17975

1. Entity Name

AMERICARES FOUNDATION, INC.

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90009 012 ****61.25

Principal Place of Business

161 CHERRY STREET
NEW CANAAN CT 06840

Mailing Address

161 CHERRY STREET
NEW CANAAN CT 06840-4818

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

06-1008595

Applied For

Not Applicable

5. Certificate of Status Desired - ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> Delete
NAME	MACAULEY, ROBERT C.	
STREET ADDRESS	161 CHERRY ST.	
CITY-ST-ZIP	NEW CANAAN CT	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SCHWARZ, BERT	
STREET ADDRESS	161 CHERRY ST.	
CITY-ST-ZIP	NEW CANAAN CT	
TITLE	VC	<input type="checkbox"/> Delete
NAME	HANNAH, ANDREW L	
STREET ADDRESS	161 CHERRY ST	
CITY-ST-ZIP	NEW CANAAN CT	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CHANDLER, CHARLES R.	
STREET ADDRESS	161 CHERRY ST.	
CITY-ST-ZIP	NEW CANAAN CT	
TITLE	VC	<input type="checkbox"/> Delete
NAME	FORBES, JR A JAMES	
STREET ADDRESS	161 CHERRY ST.	
CITY-ST-ZIP	NEW CANAAN CT 06840	
TITLE	VP	<input type="checkbox"/> Delete
NAME	POST, WILLIAM S	
STREET ADDRESS	161 CHERRY ST.	
CITY-ST-ZIP	NEW CANAAN CT 06840	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

James Forbes Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/00

Date

203-912-5500

Daytime Phone #

CR2E037 (9/99)