

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P17975

1. Entity Name

AMERICARES FOUNDATION, INC.

**FILED**  
**Feb 07, 2001 8:00 am**  
**Secretary of State**

02-07-2001 90197 010 \*\*\*\*61.25

Principal Place of Business

161 CHERRY STREET  
NEW CANAAN CT 06840

Mailing Address

161 CHERRY STREET  
NEW CANAAN CT 06840

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

06-1008595

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DC  
NAME MACAULEY, ROBERT C.  
STREET ADDRESS 161 CHERRY ST.  
CITY-ST-ZIP NEW CANAAN CT ☐ Delete

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

TITLE DV  
NAME SCHWARZ, BERT  
STREET ADDRESS 161 CHERRY ST.  
CITY-ST-ZIP NEW CANAAN CT ☐ Delete

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

TITLE VC  
NAME HANNAH, ANDREW L  
STREET ADDRESS 161 CHERRY ST  
CITY-ST-ZIP NEW CANAAN CT ☐ Delete

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

TITLE VD  
NAME CHANDLER, CHARLES R.  
STREET ADDRESS 161 CHERRY ST.  
CITY-ST-ZIP NEW CANAAN CT ☐ Delete

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

TITLE VC  
NAME FORBES, JR A JAMES  
STREET ADDRESS 161 CHERRY ST.  
CITY-ST-ZIP NEW CANAAN CT 06840 ☐ Delete

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

TITLE VP  
NAME POST, WILLIAM S  
STREET ADDRESS 161 CHERRY ST.  
CITY-ST-ZIP NEW CANAAN CT 06840 ☐ Delete

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: *James Forbes, Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/01

Date

203-972-5500

Daytime Phone #

CR2E037 (10/00)