

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P20120

1. Entity Name

AMERICA'S ATHLETES WITH DISABILITIES, INC. *R*

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90005 046 ****70.00

Principal Place of Business

8630 FENTON STREET
SUITE 920
SILVER SPRINGS MD 20910

Mailing Address

8630 FENTON STREET
SUITE 920
SILVER SPRINGS MD 20910

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

11-2765283

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

ORR, AL
101 EAST RIVER COURT STREET
TAMPA BAY FL

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
After September 13, 2000 min. will be \$236.25

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 ☐ Delete
NAME **D**
STREET ADDRESS **DE PACE, PAUL**
CITY-ST-ZIP **380 DIAMOND HILL RD
WARWICK RI**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **Paul DePace**
CITY-ST-ZIP **1125 Middle Rd.
East Greenwich, RI 02818-1608**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **STEPHENSON, DAVID**
CITY-ST-ZIP **9207 BABER DRIVE
HOUSTON TX 77095**

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

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **MILLER, ORAL O**
CITY-ST-ZIP **1155 15TH ST. NW STE 720
WASHINGTON DC**

TITLE ☒ Change ☐ Addition
NAME **SD**
STREET ADDRESS **Miller, Oral O.**
CITY-ST-ZIP **4708 46th Street, N.W
Washington DC 20001**

TITLE ☒ Delete
NAME **TD**
STREET ADDRESS **MORRIS, BRIAN**
CITY-ST-ZIP **28677 NORTHWESTERN HWY STE 200
SOUTHFIELD MI**

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

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **JONES, JEFFREY**
CITY-ST-ZIP **710 N. LAKE SHORE DRIVE, 3RD FL,
CHICAGO IL 60611**

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

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **WILLIAMSON, DAVID**
CITY-ST-ZIP **2813 SPINDLE LANE
BOWE MD 20715**

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: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/4/00 32-589-9242

CR2E037 (5/00)