

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90006 033 ****61.25

DOCUMENT # N42589

1. Entity Name

SADD - STUDENTS AGAINST DRIVING DRUNK, INC.

Principal Place of Business

Mailing Address

255 MAIN STREET
 MARLBORO MA 01752

P.O. BOX 800
 MARLBORO MA 01752-0800

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-2764514

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MAINWOOD, ART
 ROOM 414, FLORIDA EDUCATION CENTER
 FLORIDA DEPARTMENT OF EDUCATION
 TALLAHASSEE FL 32399-0444**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, STEPHEN G	NAME	
STREET ADDRESS	P.O. BOX 1880, MAIN ST	STREET ADDRESS	
CITY-ST-ZIP	BREWSTER MA 02631	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDLER, RICK	NAME	
STREET ADDRESS	419 BOYLSTON STREET	STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULLINANE, WILLIAM	NAME	
STREET ADDRESS	98 RIVERVIEW DR	STREET ADDRESS	
CITY-ST-ZIP	CLEAMAUE MA 02633	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARON SIKORA	NAME	
STREET ADDRESS	5691 WEST ABAHAM LN	STREET ADDRESS	
CITY-ST-ZIP	GLENDALE AZ	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVIANO, JOSEPH	NAME	
STREET ADDRESS	75 NORTH DRIVE	STREET ADDRESS	
CITY-ST-ZIP	WESTSORO MA 01581	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIMBEL, MICHAEL	NAME	
STREET ADDRESS	9 GREENRIDGE RD	STREET ADDRESS	
CITY-ST-ZIP	LUTHERVILLE MD	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

01-07-00 508-481-3568

Date

Daytime Phone #

CR2E037 (9/99)