

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 854565

1. Entity Name

AMERICAN LIVER FOUNDATION, INC.

Principal Place of Business

Mailing Address

1425 POMPTON AVE.
CEDAR GROVE NJ 07009

1425 POMPTON AVE.
CEDAR GROVE NJ 07009-1043

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

36-2883000

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

FRARACCIO, ARLENE
9970-21 SAILVIEW CT., S.E.
FT. MYERS FL 33062

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 S ☐ Delete
NAME PORTER, JOHN W. JR.
STREET ADDRESS 1021 20TH ST. SOUTH
CITY-ST-ZIP BIRMINGHAM AL 25205

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

TITLE DCEO ☐ Delete
NAME BROWNSTEIN, ALAN P.
STREET ADDRESS 1425 POMPTON AVENUE
CITY-ST-ZIP CEDAR GROVE NJ 07009

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

TITLE C ☐ Delete
NAME VIERLING, JOHN M M.D.
STREET ADDRESS 8635 W. THIRD ST., STE. 590
CITY-ST-ZIP LOS ANGELES CA

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

TITLE TR ☐ Delete
NAME JORDAN, JEFFREY F.
STREET ADDRESS 1201 LOUISIANA SUITE 2900
CITY-ST-ZIP HOUSTON TX 77002

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-00

Date

212668-1000

Daytime Phone #

CR2E037 (9/99)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90088 011 ****61.25



DO NOT WRITE IN THIS SPACE