

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90180 032 \*\*\*\*70.00

**DOCUMENT # 854565**

1. Entity Name

**AMERICAN LIVER FOUNDATION, INC.**



Principal Place of Business

**75 MAIDEN LANE, STE. 603  
NEW YORK NY 10038**

Mailing Address

**1425 POMPTON AVE.  
CEDAR GROVE NJ 07009**

**11010069**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-2883000**

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

**EDDY, MARIA  
101 AMERICAN CENTER PLACE, STE. 201  
TAMPA FL 33619**

Name

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

**102 SOUTH 22ND ST, SUITE 104**

City

**YBOR CITY**

**FL**

Zip Code

**33605**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Maria Eddy*

**4/4/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **PCEO**  
STREET ADDRESS **BROWNSTEIN, ALAN P**  
CITY-ST-ZIP **75 MAIDEN LANE, STE 603  
NEW YORK NY 10038**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BROWNSTEIN, ALAN P**  
CITY-ST-ZIP **75 MAIDEN LANE, STE 603  
NEW YORK NY 10038**

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

TITLE ☐ Delete  
NAME **CD**  
STREET ADDRESS **BERK, PAUL D**  
CITY-ST-ZIP **75 MAIDEN LANE  
NEW YORK NY 10038**

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

TITLE ☐ Delete  
NAME **SD**  
STREET ADDRESS **LYONS, WILLIAM T**  
CITY-ST-ZIP **75 MAIDEN LANE  
NEW YORK NY 10038**

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

TITLE ☐ Delete  
NAME **TD**  
STREET ADDRESS **JORDAN, JEFFREY F**  
CITY-ST-ZIP **75 MAIDEN LANE  
NEW YORK NY 10038**

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

TITLE ☐ Delete  
NAME **COFO**  
STREET ADDRESS **JEGLINSKI, GERALD**  
CITY-ST-ZIP **75 MAIDEN LANE, STE 603  
NEW YORK NY 10038**

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**

**4/4/03 212 6681000**

CR2E037 (10/02)

Attachment 854565  
11010009

American  
Liver  
Foundation



April 18, 2003

Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Uniform Business Report - American Liver Foundation  
Document #854565

Dear Sir or Madam:

Please find attached the following documents per our charitable organization registration for fiscal year ending 2003:

- 2003 Not-For-Profit Corporation Uniform Business Report
- \$70 Filing Fee

If all the required documents have been provided, kindly send us a letter/certificate confirming our annual registration. Should you have any questions or concerns, please contact me at your earliest convenience. Your attention to this matter is appreciated.

Thank you.

Sincerely,

Karla Roman  
Office of the COO/CFO  
American Liver Foundation

Encl.

cc: file