

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 16, 2000 8:00 am
Secretary of State

05-18-2000 90330 027 ****61.25

DOCUMENT # N47117

1. Entity Name
FLORIDA PUBLIC INTEREST RESEARCH GROUP CITIZEN L R

Principal Place of Business 704 W. MADISON ST TALLAHASSEE FL 32304 US	Mailing Address 704 W. MADISON ST TALLAHASSEE FL 32304-4324 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-3109773	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FERRULO, MARK
 704 W. MADISON ST
 TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent

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 *Mark Ferrulo* **Mark Ferrulo** DATE **5/1/2000**

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 **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE	CD <input type="checkbox"/> Delete
NAME	WHITFIELD, ANN
STREET ADDRESS	1425 N. DUVAL ST.
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	VCD <input type="checkbox"/> Delete
NAME	LINDBERG, SUSANNAH
STREET ADDRESS	1300-B NYLIC ST.
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	D <input type="checkbox"/> Delete
NAME	PERRY, CARL
STREET ADDRESS	6055 MAJORS LANE, #3
CITY-ST-ZIP	COLUMBIA MD
TITLE	D <input type="checkbox"/> Delete
NAME	POWERS, TOM
STREET ADDRESS	1425 N. DUVAL ST
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	STD <input type="checkbox"/> Delete
NAME	TRILSCH, RICHARD
STREET ADDRESS	1229 N. DUVAL ST.
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	D <input type="checkbox"/> Delete
NAME	FERRULO, MARK
STREET ADDRESS	704 W. MADISON ST
CITY-ST-ZIP	TALLAHASSEE FL 32304

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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** *Mark Ferrulo* **6/9/2000** **850 224-3321**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)