2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 29, 2002 8:00 am Secretary of State **DOCUMENT # N47117** 1. Entity Name FLORIDA PUBLIC INTEREST RESEARCH GROUP CITIZEN L 05-29-2002 90728 041 ****61.25 Principal Place of Business Mailing Address 704 W. MADISON ST 704 W. MADISON ST TALLAHASSEE FL 32304 TALLAHASSEE FL 32304 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3109773 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ≈Name ∹≂ FERRULO, MARK Street Address (P.O. Box Number is Not Acceptable) 704 W. MADISON ST TALLAHASSEE FL 32304 City 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 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 SD ☐ Delete TITLE (9/01)☐ Change LINDBERG, SUSANNAH Addition NAME STREET ADDRESS 1331 PALMETTO DR. STREET ADDRESS **CR2E037** CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP TITLE Delete TITLE Change Addition PERRY, CARL NAME STREET ADDRESS |6055 MAJORS LANE, #3 STREET ADDRESS CITY-ST-ZIP COLUMBIA MD CITY-ST-ZIP STD ☐ Delete TITLE Change 🗌 Addition NAME TRILSCH, RICHARD NAME STREET ADDRESS 218 D STREET SE STREET ADDRESS CITY-ST-ZIP WASHINGTON DC 20003 CITY-ST-ZIP CD TITLE Delete TITLE ☐ Change ☐ Addition NAME FERRULO, MARK NAME STREET ADDRESS 704 W. MADISON ST STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32304 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS

12. I hereby certify that the information supplied with the 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 if frue 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 trusted employee the same legal effect as if made under oath; that I am an officer or director of the corporation of

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850 224-3321