

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

**FILED**  
**May 09, 2003 8:00 am**  
**Secretary of State**

05-09-2003 90140 016 \*\*\*\*61.25

**DOCUMENT # N47117**



1. Entity Name  
**FLORIDA PUBLIC INTEREST RESEARCH GROUP CITIZEN L  
OBBY, INC.**

Principal Place of Business Mailing Address  
**704 W. MADISON ST 704 W. MADISON ST  
TALLAHASSEE FL 32304 TALLAHASSEE FL 32304  
US US**

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 **59-3109773**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERRULO, MARK  
704 W. MADISON ST  
TALLAHASSEE FL 32304**

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 **SD LINDBERG, SUSANNAH**  
STREET ADDRESS **1331 PALMETTO DR.**  
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D PERRY, CARL**  
STREET ADDRESS **6055 MAJORS LANE, #3**  
CITY-ST-ZIP **COLUMBIA MD**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **STD TRILSCH, RICHARD**  
STREET ADDRESS **218 D STREET SE**  
CITY-ST-ZIP **WASHINGTON DC 20003**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **CD FERRULO, MARK**  
STREET ADDRESS **704 W. MADISON ST**  
CITY-ST-ZIP **TALLAHASSEE FL 32304**

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 life empowered.

SIGNATURE: \_\_\_\_\_

*Handwritten Signature*

5/7/03

450 224-3321

CR2E037 (10/02)