

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 29, 2002 8:00 am
Secretary of State

07-29-2002 90004 010 ****61.25

DOCUMENT # N47899

1. Entity Name

THE FLORIDA CHAPTER OF THE MARKETING RESEARCH ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1700 UNIVERSITY DR
 STE 205
 CORAL SPRINGS FL 33071
 US

1700 UNIVERSITY DR
 STE 205
 CORAL SPRINGS FL 33071
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1655 PALM BEACH LAKES BLVD

3. Mailing Address

1655 PALM BEACH LAKES BLVD

Suite, Apt. #, etc.

STE 203

Suite, Apt. #, etc.

STE 203

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

4. FEI Number

59-3116150

Applied For

Not Applicable

Zip

Country

33401-2203

Zip

Country

33401-2203

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

~~STERMER, LOIS~~
 1700 UNIVERSITY DR
 STE 205
 CORAL SPRINGS FL 33071

Name

BOB SCHLEIFER

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

5015 S. FLORIDA AVE

STE 301

City

LAKELAND

FL

Zip Code

33813

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

BOB SCHLEIFER, TREASURER

7/25/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
 min. will be \$236.25.

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: D Delete
 NAME: WAGMAN, DORIS
 STREET ADDRESS: 915 MIDDLE RIVER DRIVE STE 109
 CITY-ST-ZIP: FORT LAUDERDALE FL 33304

TITLE: P Change Addition
 NAME: IANNUCCI, JACKIE
 STREET ADDRESS: 1655 PALM BEACH LAKES BLVD, STE 201
 CITY-ST-ZIP: WEST PALM BEACH, FL 33401

TITLE: SD Delete
 NAME: THOMASON, JENNIFER
 STREET ADDRESS: 375 PATRICIA AVENUE
 CITY-ST-ZIP: DUNEDIN FL 34698

TITLE: V Change Addition
 NAME: HUDSON, ANN
 STREET ADDRESS: 101 PHILIPPE PARKWAY, STE A
 CITY-ST-ZIP: SAFETY HARBOR, FL 34695

TITLE: D Delete
 NAME: HENRY DENISE
 STREET ADDRESS: 1571 PALM BAY ROAD
 CITY-ST-ZIP: PALM BAY FL 32905

TITLE: S Change Addition
 NAME: ALMEIDA, CAROL
 STREET ADDRESS: 1061 E. INDIAN TOWN RD, STE 204
 CITY-ST-ZIP: JUPITER, FL 33477

TITLE: V Delete
 NAME: FANNUCCI, JACKIE
 STREET ADDRESS: 1655 PALM BEACH LAKES BLVD STE 203
 CITY-ST-ZIP: WEST PALM BEACH FL 33401

TITLE: T Change Addition
 NAME: SCHLEIFER, BOB
 STREET ADDRESS: 5015 S. FLORIDA AVE, STE 301
 CITY-ST-ZIP: LAKELAND, FL 33813

TITLE: TD Delete
 NAME: STERMER, LOIS
 STREET ADDRESS: 1700 UNIVERSITY DR, STE 205
 CITY-ST-ZIP: CORAL SPRINGS FL 33071

TITLE: D Change Addition
 NAME: SCANLON, MINDY
 STREET ADDRESS: 4014 GUNN HWY, STE 110
 CITY-ST-ZIP: TAMPA, FL 33624

TITLE: P Delete
 NAME: ALTSCHUL, KENNETH
 STREET ADDRESS: 1415 W CYPRESS CREEK RD
 CITY-ST-ZIP: FORT LAUDERDALE FL 33309

TITLE: D Change Addition
 NAME: LEAPER, DEBORAH
 STREET ADDRESS: 2290 LUCIEN WAY
 CITY-ST-ZIP: MAITLAND, FL 32751

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: BOB SCHLEIFER 7/25/02 863-709-0553 x113

CR2E037 (4/02)

Attachment
N47899/675791

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Parrish, Angela
STREET ADDRESS	2020 N.W. River Glen Avenue
CITY-ST-ZIP	High Springs, FL 32655
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Copeland, Hank
STREET ADDRESS	631 U.S. Highway One, STE 406
CITY-ST-ZIP	North Palm Beach, FL 33408