

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90139 024 ****61.25

DOCUMENT # 709428

1. Entity Name

THE AMERICAN CIVIL LIBERTIES UNION OF FLORIDA, I

Principal Place of Business

Mailing Address

**3000 BISCAYNE RD
 MIAMI FL 33137
 US**

**3000 BISCAYNE BLVD
 MIAMI FL 33137-4130
 US**

2. Principal Place of Business

3000 Biscayne Blvd

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite 215

Suite, Apt. #, etc.

Suite 215

City & State

Miami FLORIDA

City & State

4. FEI Number

59-0883831

Applied For

Not Applicable

Zip

33137

Country

US

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

**SIMON H
 3000 BISCAYNE BLVD
 STE 215
 MIAMI FL 33137**

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

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 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 **PD** Delete
 NAME **ARSENAULT, R**
 STREET ADDRESS **736-36 AVE N**
 CITY-ST-ZIP **ST PETE FL 33704**

TITLE **PD** Change Addition
 NAME **Boyd, Bill**
 STREET ADDRESS **801 3rd. St. South**
 CITY-ST-ZIP **St. Pete. FL 33701**

TITLE **SD** Delete
 NAME **RODRIGUEZ-T, L**
 STREET ADDRESS **3246 RIVIERA DR**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **VD** Change Addition
 NAME **McLaughlin, Siobhan**
 STREET ADDRESS **1409 Rodman--St**
 CITY-ST-ZIP **Hollywood, FL 33020**

TITLE **TD** Delete
 NAME **ERHLICH, ALAN**
 STREET ADDRESS **9411 NW 10TH STREET**
 CITY-ST-ZIP **PLANTATION FL**

TITLE **SD** Change Addition
 NAME **Phenegeer, Michael**
 STREET ADDRESS **4219 Hollow Trail DR.**
 CITY-ST-ZIP **Tampa, FL 33624**

TITLE **VD** Delete
 NAME **BOYD, B**
 STREET ADDRESS **801 3RD ST S**
 CITY-ST-ZIP **ST PETE FL 33701**

TITLE **TD** Change Addition
 NAME **BLASS, Doug**
 STREET ADDRESS **545 S. FT. Land. Beach Blvd., #1001**
 CITY-ST-ZIP **FT. Land. FL 33316**

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 like empowered.

SIGNATURE:

MICHAEL E. PHENEGER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/00

Date

Daytime Phone #

CR2E037 (9/99)