

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90048 035 ****61.25

DOCUMENT # 709428

1. Entity Name

THE AMERICAN CIVIL LIBERTIES UNION OF FLORIDA, I

Principal Place of Business

Mailing Address

3000 BISCAYNE BLVD
 STE 215
 MIAMI FL 33137
 US

3000 BISCAYNE BLVD
 STE 215
 MIAMI FL 33137
 US

6 4 4 0 0 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4500 Biscayne Blvd

4500 Biscayne Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

350 340

350 340

City & State

City & State

Miami, FLORIDA

Miami, FLORIDA

Zip
 33137

Country
 USA

Zip
 33137

Country
 USA

4. FEI Number

59-0883831

Applied For

Not Applicable

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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	PD BOYD, BILL	801- 3RD ST S.	ST PETE FL 33704	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	VD MCLAUGHLIN, SIOBHAN	1409 RODMAN ST	HOLLYWOOD FL 33020	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	SD PHENEGER, MICHAEL	4219 HOLLOW TRL DR	TAMPA FL 33624	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	VD BOYD, B	801 3RD ST S	ST PETE FL 33701	<input checked="" type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	TD BLASS, DOUG	545 S. FT. LAUDERDALE BCH BLVD #1001	FORT LAUDERDALE FL 33316	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Simon H
 SIMON H
 4/5/01
 954
 9207715

CR2E037 (10/00)