## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT# 709428**

Entity Name: THE AMERICAN CIVIL LIBERTIES UNION OF FLORIDA, INC.

FILED Feb 20, 2002 8:00 AM Secretary of State

**New Principal Place of Business: Current Principal Place of Business:** 4500 BISCAYNE BLVD. SUITE 340 MIAMI, FL 33137 **Current Mailing Address: New Mailing Address:** 4500 BISCAYNE BLVD. SUITE 340 MIAMI, FL 33137 FEI Number: 59-0883831 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SIMON H SIMON H 3000 BISCAYNE BLVD 4500 BISCAYNE BLVD STE 215 STE 340 MIAMI, FL 33137 US MIAMI, FL 33137 US 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: 02/20/2002 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BOYD, BILL Name: Name: 801-3RD ST S. Address: Address: City-St-Zip: ST PETE, FL 33704 City-St-Zip: Title: VD () Delete Title: VD (X) Change ( ) Addition MCLAUGHLIN, SIOBHAN Name: WILDER, ROSEMARY Name: Address: 1409 RODMAN ST Address: 9785 PALMETTO CLUB DR. City-St-Zip: HOLLYWOOD, FL 33020 City-St-Zip: MIAMI, FL 33157 Title: () Delete Title: (X) Change ( ) Addition PHENEGER, MICHAEL PHENEGER, MICHAEL Name: Name: 4219 HOLLOW TRL DR Address: Address: 4219 HOLLOW TRL DR City-St-Zip: TAMPA, FL 33624 City-St-Zip: TAMPA, FL 33624 Title: TD () Delete Title: SD (X) Change ( ) Addition Name: BLASS, DOUG Name: URICK, RON

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ROSEMARY WILDER VD 02/20/2002

545 S. FT. LAUDERDALE BCH BLVD #1001

FORT LAUDERDALE, FL 33316

Address:

City-St-Zip:

1130 SW CHAPMAN WAY, #507

PALM CITY, FL 33990