

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90088 013 ****61.25

DOCUMENT # 720478

1. Entity Name

THE AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF

Principal Place of Business

Mailing Address

**3000 BISCAYNE BLVD
 MIAMI FL 33137
 US**

**3000 BISCAYNE BLVD
 MIAMI FL 33137
 US**

2. Principal Place of Business

4500 Biscayne Blvd

3. Mailing Address

4500 Biscayne Blvd.

Suite, Apt. #, etc.

350 340

Suite, Apt. #, etc.

350 340

City & State

Miami FLORIDA

City & State

Miami FLORIDA

Zip

Country

33137 USA

Zip

Country

33137 USA

4. FEI Number

23-7137529

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 35137**

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 Delete
 NAME **VD MCLAUGHLIN, SIOBHAN**
 STREET ADDRESS **1409 RODMAN ST.**
 CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD PHENEGER, MICHAEL**
 STREET ADDRESS **4219 HOLLOW TR. DR.**
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD BLASS, DOUG**
 STREET ADDRESS **545 S. FT. LAUD. BCH BLVD.#1001**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 like empowered.

SIGNATURE:

SIOBHAN MCLAUGHLIN
SIOBHAN MCLAUGHLIN

4/16/01

954-920-7715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)