## 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT#720478** 

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

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

Current Principal Place of Business: New Principal Place of Business:

4500 BISCAYNE BLV

MIAMI, FL 33137 US

Current Mailing Address: New Mailing Address:

4500 BISCAYNE BLV 4500 BISCAYNE BLVD. 340 340 MIAMI, FL 33137 US MIAMI, FL 33137 US

FEI Number: 23-7137529 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 3000 BISCAYNE BLVD STE 215 MIAMI, FL 35137 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:

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 VD () Delete
 Title:
 VD (X) Change () Addition

 Name:
 MCLAUGHLIN, SIOBHAN
 Name:
 WILDER, ROSEMARY

 Address:
 1409 RODMAN ST.
 Address:
 9785 PALMETTO CLUB DR.

 City-St-Zip:
 HOLLYWOOD, FL 33020
 City-St-Zip:
 MIAMI, FL 33157

Title: SD () Delete Title: TD (X) Change () Addition Name: PHENEGER, MICHAEL Name: PHENEGER, MICHAEL

Name: PHENEGER, MICHAEL

Address: 4219 HOLLOW TR. DR.

City-St-Zip: TAMPA, FL 33624

PHENEGER, MICHAEL

Address: 4219 HOLLOW TR. DR.

City-St-Zip: TAMPA, FL 33624

TAMPA, FL 33624

Title: TD ( ) Delete Title: SD (X) Change ( ) Addition Name: BLASS, DOUG Name: URICK, RON

Address: 545 S. FT. LAUD. BCH BLVD.#1001 Address: 1130 SW CHAPMAN WAY , #507

City-St-Zip: FORT LAUDERDALE, FL 33316 City-St-Zip: PALM CITY, FL 34990

Title: PD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BOYD, BILL
 Name:

 Address:
 801 3RD ST S
 Address:

 City-St-Zip:
 ST PETE, FL 33701
 City-St-Zip:

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.

SIGNATURE: ROSEMARY WILDER VD 02/20/2002