

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 720478

FILED
Jan 16, 2003
Secretary of State

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

Current Principal Place of Business:

4500 BISCAYNE BLV
340
MIAMI, FL 33137 US

New Principal Place of Business:

Current Mailing Address:

4500 BISCAYNE BLVD.
340
MIAMI, FL 33137 US

New Mailing Address:

FEI Number: 23-7137529 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SIMON, H
3000 BISCAYNE BLVD
STE 215
MIAMI, FL 35137 US

Name and Address of New Registered Agent:

SIMON, H
4500 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

01/16/2003

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: WILDER, ROSEMARY
Address: 9785 PALMETTO CLUB DR.
City-St-Zip: MIAMI, FL 33157

Title: TD () Delete
Name: PHENEGER, MICHAEL
Address: 4219 HOLLOW TR. DR.
City-St-Zip: TAMPA, FL 33624

Title: SD () Delete
Name: URICK, RON
Address: 1130 SW CHAPMAN WAY , #507
City-St-Zip: PALM CITY, FL 34990

Title: PD () Delete
Name: BOYD, BILL
Address: 801 3RD ST S
City-St-Zip: ST PETE, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: MICHAEL PHENEGER

Electronic Signature of Signing Officer or Director

TD

01/16/2003

Date