

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726066

1. Entity Name

FLORIDA COUNCIL OF INTERNATIONAL DEVELOPMENT, IN C.

Principal Place of Business

Mailing Address

~~5600 NW 36TH STREET~~
~~6TH FLOOR~~
~~MIAMI FL 33166~~
~~US~~

~~P.O. BOX 140338~~
~~CORAL GABLES FL 33114-0338~~
~~US~~

2. Principal Place of Business

1101 Channelside Dr.

3. Mailing Address

1101 Channelside Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 252

Suite 252

City & State

Tampa, FL

City & State

Tampa FL

Zip

33602

Country

USA

Zip

33602

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1647799

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~MERK, J LAMAR~~
~~870 N.W. 87TH AVENUE~~
~~NO 302~~
~~MIAMI FL 33172~~

7. Name and Address of New Registered Agent

Name Stephen J. Toner

Street Address (P.O. Box Number is Not Acceptable)

1101 Channelside Drive, Ste. 252

City

Tampa,

FL

Zip Code

33602

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

Stephen J. Toner

Stephen J. Toner, MD

4-15-02

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

TITLE	CD	<input type="checkbox"/> Delete
NAME	LANDY, BURTON A	
STREET ADDRESS	ONE S.E. 3RD. AVE, #2800	
CITY-ST-ZIP	MIAMI FL 33134-1704	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	MOORE, GEORGE C	
STREET ADDRESS	105 S. NARCISSUS AVE., #812	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, ROBERT L	
STREET ADDRESS	4202 EAST FOWLER AVENUE	
CITY-ST-ZIP	TAMPA FL 33620	
TITLE	MD	<input type="checkbox"/> Delete
NAME	MERK, J LAMAR Stephen J. Toner	
STREET ADDRESS	870 NW 87TH AVE, NO 302 1101 Channelside Dr.	
CITY-ST-ZIP	MIAMI FL Tampa, FL 33602	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HARRIMAN, JOHN H	
STREET ADDRESS	200 S. BISCAYNE BLVD., #2650	
CITY-ST-ZIP	MIAMI FL 33131-2371	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIERLEY, JOHN C.	
STREET ADDRESS	100 N TAMPA STREET, SUITE 2120	
CITY-ST-ZIP	TAMPA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephen J. Toner	
STREET ADDRESS	1101 Channelside Dr.	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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:

Stephen J. Toner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen J. Toner 4/15/02 (813) 864-6506
Date Daytime Phone #