

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90018 040 ****61.25

DOCUMENT # 767598

1. Entity Name
THE FLORIDA ALLIANCE, INC.

Principal Place of Business Mailing Address
2200 ELLER DR. BOX 13038
BLDG. 27 PORT EVERGLADES STATION BLDG. 27 PORT EVERGLADES STATION
FT LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2311864		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
GRAY, MARY ANNE 2200 ELLER DRIVE FT LAUDERDALE FL 33316				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 *Mary Anne Gray* **MARYANNE GRAY, Pres** DATE **1-15-02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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	CSTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FITZGERALD, JEAN		NAME				
STREET ADDRESS	2100 S. OCEAN LANE, APT. 706		STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL 33316		CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GRAY, MARY ANNE		NAME				
STREET ADDRESS	2200 ELLER DRIVE		STREET ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE FL 33316		CITY-ST-ZIP				
TITLE	SDT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BERRY, CLIFF II		NAME				
STREET ADDRESS	851 ERICA DR		STREET ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE FL 33316		CITY-ST-ZIP				
TITLE	LOUIS WAINWRIGHT, JR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	701 SE 24 ST		NAME				
STREET ADDRESS	FT. LAUDERDALE, FL 33316		STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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: *Mary Anne Gray* DATE: **1/15/02** DAYTIME PHONE: **954 294 1832**

CR2E037 (9/01)