

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

3/1

03-17-2003 90697 048 ****61.25

DOCUMENT # 767598

1. Entity Name

THE FLORIDA ALLIANCE, INC.



Principal Place of Business

**2200 ELLER DR.
BLDG. 27 PORT EVERGLADES STATION
FT LAUDERDALE FL 33316**

Mailing Address

**BOX 13038
BLDG. 27 PORT EVERGLADES STATION
FT. LAUDERDALE FL 33316
US**

2. Principal Place of Business

3. Mailing Address

P O 13133

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale FL

4. FEI Number **59-2311864**

Applied For

Not Applicable

Zip

Country

33316

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GRAY, MARY ANNE
2200 ELLER DRIVE
FT LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

**MARY ANNE GRAY
Street Address (P.O. Box Number is Not Acceptable)
1850 ELLER DRIVE**

FL. LAUDERDALE

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **CSTD**
NAME **FITZGERALD, JEAN**
STREET ADDRESS **2100 S. OCEAN LANE, APT. 708**
CITY-ST-ZIP **FT. LAUDERDALE FL 33316**
☒ Delete

TITLE **PD**
NAME **GRAY, MARY ANNE**
STREET ADDRESS **2200 ELLER DRIVE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**
☐ Delete

TITLE **SDT**
NAME **BERRY, CLIFF**
STREET ADDRESS **851 ERICA DR**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**
☐ Delete

TITLE **C**
NAME **LOUIS, WAINWRIGHT JR**
STREET ADDRESS **701 SE 24 ST**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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NAME
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☐ Change ☐ Addition

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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/03

Date

954 294 1832

Daytime Phone #

CR2037 (10/02)