

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 22, 2002 8:00 am  
Secretary of State

04-22-2002 90276 011 \*\*\*\*61.25

DOCUMENT # N01000000981

1. Entity Name

AMERICAN ACADEMY OF MEDICAL-LEGAL CONSULTANTS, I  
NC.

Principal Place of Business

Mailing Address

3690-K EAST BAY DRIVE  
LARGO FL 33771

3690-K EAST BAY DRIVE  
LARGO FL 33771

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3493660

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is not acceptable)

City

FL

Zip Code

WESTON, STUART A  
1000 CHATHAM COURT  
SAFETY HARBOR FL 34895

3690 EAST BAY DRIVE

LARGO

33771

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

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

STUART A. WESTON

4/8/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME WESTON, STUART A  
STREET ADDRESS 1000 CHATHAM COURT  
CITY-ST-ZIP SAFETY HARBOR FL 34895 ☐ Delete

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

TITLE VSD  
NAME WESTON, SANDRA A  
STREET ADDRESS 1000 CHATHAM COURT  
CITY-ST-ZIP SAFETY HARBOR FL 34895 ☐ Delete

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

TITLE D  
NAME LIEBERMAN, BONNI  
STREET ADDRESS 5553 WALNUT CIRCLE EAST  
CITY-ST-ZIP W BLOOMFIELD MI 48322 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STUART A. WESTON

Date

Daytime Phone #

4/8/02 727-535-3809

CR2E037 (9/01)