

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-13-2002 90068 008 ****61.25

DOCUMENT # N01000002288

1. Entity Name

FLORIDIANS FOR ENVIRONMENTAL ACCOUNTABILITY AND REFORM, INC.

Principal Place of Business

Mailing Address

123 AUSTRALIAN AVE.
PALM BEACH FL 33480

123 AUSTRALIAN AVE.
PALM BEACH FL 33480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

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

BLACKNER, LESLEY
123 AUSTRALIAN AVE.
PALM BEACH FL 33480

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.

WITH BEACH ST 33000
SIGNATURE OF AGENT

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 NAME ☐ Delete
D BLACKNER, LESLEY
STREET ADDRESS **123 AUSTRALIAN AVE.**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE NAME ☒ Delete
D STONE, RICHARD
STREET ADDRESS **123 AUSTRALIAN AVE.**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE NAME ☐ Delete
D ROSIER, JODY
STREET ADDRESS **608 SOUTH ELEVENTH ST.**
CITY-ST-ZIP **FT. PIERCE FL 34954**

TITLE NAME ☐ Delete
D Joseph Murphy
STREET ADDRESS **1001 Swann Ave**
CITY-ST-ZIP **Tampa, FL 33606**

TITLE NAME ☐ Delete
D Clay Colson
STREET ADDRESS **4318 Jon Road**
CITY-ST-ZIP **Land O' Lakes, FL 34639**

TITLE NAME ☐ Delete
T Treasurer Gordon Williamson
STREET ADDRESS **1406 Moravia Ave**
CITY-ST-ZIP **Holly Hill, FL 32117**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
D Richard Somerville
STREET ADDRESS **16205 Larson Lane**
CITY-ST-ZIP **Hudson, FL 34667**

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
D
STREET ADDRESS
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 1, 2002
Daytime Phone # **5754**

CR2E037 (9/01)