

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

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90034 020 ****61.25

DOCUMENT # NO1000007554

1. Entity Name

COALITION OF PEOPLE FOR A BETTER FLORIDA, INC.



Principal Place of Business

**P.O. BOX 16158
TALLAHASSEE FL 32317**

Mailing Address

**P.O. BOX 16158
TALLAHASSEE FL 32317**

60024230



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3652179**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**STAPLETON, TIMOTHY J
1003 GARDENIA DRIVE
TALLAHASSEE FL 32312**

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BUZNEGO, CARLOS**
CITY-ST-ZIP **8940 N. KENDALL DRIVE, SUITE 400-E
MIAMI FL 33176**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FISHMAN, ARTHUR M**
CITY-ST-ZIP **601 N. FLAMINGO ROAD, #210
PEMBROKE PINES FL 33028**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FOY, DONALD F SR.**
CITY-ST-ZIP **309 MARSHSIDE DRIVE, N
ST. AUGUSTINE FL 32080**

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

TITLE ☐ Delete
NAME **DT**
STREET ADDRESS **STAPLETON, TIMOTHY**
CITY-ST-ZIP **1003 GARDENIA DRIVE
TALLAHASSEE FL 32312**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

Timothy J Stapleton

3/31/03 850-251-2276

CR2E037 (10/02)