

2000 UNIFORM BUSINESS REPORT (UBR)

4/12

FILED
May 12, 2000 8:00 am
Secretary of State

04-12-2000 90004 023 ****61.25

DOCUMENT # N22642

1. Entity Name

NAMI FLORIDA, INC.

Principal Place of Business

Mailing Address

1020 E. LAFAYETTE ST., STE 102
TALLAHASSEE FL 32301

1020 E. LAFAYETTE ST., STE 102
TALLAHASSEE FL 32301-4546

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

59-2859337

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

LIVINGSTON, MARILYN
1020 E. LAFAYETTE ST., STE 102
TALLAHASSEE FL 32301

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **HARRIS, JEAN**
STREET ADDRESS **875 E. CAMINO REAL, #98**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **P D** ☒ Change ☐ Addition
NAME **Whiteley, Beverly**
STREET ADDRESS **1906 33rd Ave**
CITY-ST-ZIP **VERO BEACH, FL 32960**

TITLE **D** ☒ Delete
NAME **WHITELEY, BEVERLY**
STREET ADDRESS **1906 33RD AVE**
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **V D** ☒ Change ☐ Addition
NAME **Mike Mathès**
STREET ADDRESS **641 W. Michigan St.**
CITY-ST-ZIP **Orlando, FL 32805**

TITLE **D** ☒ Delete
NAME **ALIX, RICK**
STREET ADDRESS **1380 COLONIAL DR**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE **S D** ☒ Change ☐ Addition
NAME **George Thomas**
STREET ADDRESS **11405 Orilla Del Rio**
CITY-ST-ZIP **Temple Terrace, FL 33617**

TITLE **D** ☒ Delete
NAME **HAYS, P. ESQ**
STREET ADDRESS **488 TRITON RD**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE **T D** ☒ Change ☐ Addition
NAME **Marilyn W. Livingston**
STREET ADDRESS **4823 Bradfordville Rd.**
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE **D** ☐ Delete
NAME **LIVINGSTON, MARILYN**
STREET ADDRESS **1020 E. LAFAYETTE ST., STE 102**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

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:

Marilyn W. Livingston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (9/99)