

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 08, 2001 8:00 am**  
**Secretary of State**

06-08-2001 90004 034 \*\*\*\*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**

**554020**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2859337**

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

**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

*Marilyn A. Livingston*

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

(NOTE: Registered Agent signature required when reinstating)

*6/6/2001*

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

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

TITLE **VD** ☐ Delete  
NAME **MATHES, MIKE**  
STREET ADDRESS **641 W. MICHIGAN ST**  
CITY-ST-ZIP **ORLANDO FL 32805**

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

TITLE **SD** ☒ Delete  
NAME **THOMAS, GEORGE**  
STREET ADDRESS **11405 ORILLA DEL RIO**  
CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

TITLE **SD** ☒ Change ☐ Addition  
NAME **Barbara Jhanningsmeier**  
STREET ADDRESS **1198 SW 5th Street**  
CITY-ST-ZIP **Boca Raton, FL 33486**

TITLE **TD** ☐ Delete  
NAME **LIVINGSTON, MARILYN W**  
STREET ADDRESS **4823 BRADFORDVILLE RD**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

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

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

TITLE **2VD** ☒ Change ☐ Addition  
NAME **Robert Tone**  
STREET ADDRESS **3880 Malec Circle**  
CITY-ST-ZIP **Sarasota FL 34233-2132**

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 is 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 A. Livingston*

*6/6/2001 (850)671-4445*

CR2E037 (10/00)