

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90049 014 \*\*\*\*\*61.25

**DOCUMENT # N92000000310**

1. Entity Name

**ASSOCIATION OF EMINENT DOMAIN PROFESSIONALS, INC**

Principal Place of Business

Mailing Address

**11440 OKEECHOBEE BLVD  
SUITE 217  
ROYAL PALM BEACH FL 33411  
US**

**11440 OKEECHOBEE BLVD  
SUITE 217  
ROYAL PALM BEACH FL 33411  
US**

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

**59-3152934**

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

**LAURA J TINDALL  
11440 OKEECHOBEE BLVD  
SUITE 217  
ROYAL PALM BEACH FL 33411**

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 **PD** ☒ Delete  
NAME **MORRIS, GLENA**  
STREET ADDRESS **500 N. MAITLAND AVE., SUITE 301**  
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **PD** ☒ Change ☐ Addition  
NAME **Moreno, Jorge L.**  
STREET ADDRESS **666 71st Street**  
CITY-ST-ZIP **Miami Beach, FL 33141**

TITLE **VPD** ☐ Delete  
NAME **MORENO, JORGE L**  
STREET ADDRESS **666 71ST STREET**  
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **VPD** ☐ Change ☒ Addition  
NAME **Harris, Richard L.**  
STREET ADDRESS **2625 McCormick Dr. Ste 101**  
CITY-ST-ZIP **Clearwater, FL 33759**

TITLE **TD** ☐ Delete  
NAME **HANCOCK, FRANK**  
STREET ADDRESS **2111 DREW ST**  
CITY-ST-ZIP **CLEARWATER FL 34625**

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

TITLE **SD** ☒ Delete  
NAME **WILSON, SHAWN**  
STREET ADDRESS **1512 HANDLEY BLVD.**  
CITY-ST-ZIP **LAKE LAND FL 33803**

TITLE **SD** ☐ Change ☒ Addition  
NAME **Gold, Richard**  
STREET ADDRESS **9597 Jones Rd Ste 331**  
CITY-ST-ZIP **Houston, TX 77065-4728**

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:

**SIGNATURE REQUIRED**

**1/17/2002 561.795.1965**

CR2E037 (9/01)