

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Jun 15, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90369 041 \*\*\*\*61.25

**DOCUMENT # N94000002649**

1. Entity Name

**ASSOCIATION OF LICENSED INTERIOR DESIGNERS, INC.**

Principal Place of Business

Mailing Address

**BAER'S FURNITURE  
 1421 S FEDERAL HWY  
 STUART FL 34994  
 US**

**BAER'S FURNITURE  
 1421 S FEDERAL HWY  
 STUART FL 34994  
 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

**65-0480144**

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

**PRINZ, BETH  
 1100 S FEDERAL HWY  
 STUART FL 34994**

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GORALL, LYNN	
STREET ADDRESS	BAER'S FURNITURE, 1421 S FEDERAL HWY	
CITY-ST-ZIP	STUART FL 34994	
TITLE	P	<input type="checkbox"/> Delete
NAME	POAG, ANGELA	
STREET ADDRESS	5050 SE FEDERAL HWY	
CITY-ST-ZIP	STUART FL 34997	
TITLE	T	<input type="checkbox"/> Delete
NAME	RALPH, BEVERLY	
STREET ADDRESS	3784 SW QUAIL MEADOW TRAIL	
CITY-ST-ZIP	PALM CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GORAL, LYNN	
STREET ADDRESS	700 SE MICHAEL'S COURT	
CITY-ST-ZIP	STUART FL 34996	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORGAN, SUSAN M.	
STREET ADDRESS	4340 SE COMMERCE AVENUE	
CITY-ST-ZIP	STUART FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ALLENSON, SUSAN	
STREET ADDRESS	2740 SW MARTIN DOWN BLVD	
CITY-ST-ZIP	PALM CITY FL 34990	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOIS SPENCER	
STREET ADDRESS	Box # 1163	
CITY-ST-ZIP	PALM CITY, FL 34991	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: BEVERLY RALPH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR25037 (10/00)