

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90145 008 *****70.00

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1. Entity Name

FLORIDA INSTITUTE FOR PEACE EDUCATION AND RESEAR

Principal Place of Business

521 E. LAS OLAS BLVD.
 FT. LAUDERDALE FL 33301

Mailing Address

521 E. LAS OLAS BLVD.
 FT. LAUDERDALE FL 33301

916293



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

N/A

3. Mailing Address

N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0780461

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

**JOHNSON, CLARICE P
 18638 S.W. 16TH STREET
 PEMBROKE PINES FL 33029**

7. Name and Address of New Registered Agent

Name

N/A

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 **D** ☐ Delete
 NAME **JOHNSON, CLARICE P**
 STREET ADDRESS **18638 S.W. 16TH ST**
 CITY-ST-ZIP **HOLLYWOOD FL 33029**

TITLE **D** ☐ Delete
 NAME **SCHIFF, MARA**
 STREET ADDRESS **532 HENDRICKS ISLE**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE **D** ☐ Delete
 NAME **BELL, W.C.**
 STREET ADDRESS **3430 N.W. 2ND STREET**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE **D** ☐ Delete
 NAME **JACKSON, JEANINE**
 STREET ADDRESS **6649 RACQUET CLUB DR.**
 CITY-ST-ZIP **LAUDERHILL FL 33319**

TITLE **D** ☐ Delete
 NAME **WASHINGTON, CHARLES**
 STREET ADDRESS **220 S.E. 2ND AVE., 6TH FLOOR**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE **D** ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
 NAME **THREADGILL, NORMA**
 STREET ADDRESS **651 SW 28th WAY**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33312**

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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:

CLARICE P. JOHNSON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/01
 Date

954-447-7460
 Daytime Phone #

CR2E037 (10/00)