

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

0028163

**DOCUMENT # N96000002873**

1. Entity Name

**FLORIDA INSTITUTE FOR PEACE EDUCATION AND RESEAR  
CH INC.**

Principal Place of Business

Mailing Address

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

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

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

**65-0780461**

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

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

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

TITLE **P** **VICE PRESIDENT** ☐ Change ☒ Addition  
NAME **BOBBY POPLER-PENN**  
STREET ADDRESS **6649 RACKET CLUB DR.**  
CITY-ST-ZIP **LAUDERHILL, FL 33319**

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

TITLE **P** ☐ Change ☒ Addition  
NAME **FRAN SCHMIDT**  
STREET ADDRESS **221 PALM AVE**  
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

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

TITLE **D** ☐ Change ☒ Addition  
NAME **RALPH SCHMIDT**  
STREET ADDRESS **221 PALM AVE**  
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

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

TITLE **T** ☐ Change ☒ Addition  
NAME **TRACEY ROBINSON**  
STREET ADDRESS **11169 NW 39th ST #204**  
CITY-ST-ZIP **SUNRISE, FL 33351**

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

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

TITLE **D** ☒ Delete  
NAME **THREADGILL, NORMA**  
STREET ADDRESS **651 SW 28 WAY**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

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: CLARICE P. JOHNSON**

**3/11/02**

**954-447-7460**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)