

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004456

1. Entity Name

FLORIDA ORGANIZATION REFORMED MARIJUANA LAWS, IN

Principal Place of Business

38233 TUCKER RD
ZEPHYRHILLS FL 33539
US

Mailing Address

P. O. BOX 2061
ZEPHYRHILLS FL 33539-2061

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

59-3400306

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

PALMIERI, MICHAEL
38233 TUCKER RD
ZEPHYRHILLS FL 33539

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

Edward M. Palmieri Edward M. Palmieri

4/7/2000

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 D ☐ Delete
NAME PALMIERI
STREET ADDRESS 38233 TUCKER RD.
CITY-ST-ZIP ZEPHYRHILLS FL 33539

TITLE D ☐ Change ☒ Addition
NAME Robert J. Quail
STREET ADDRESS 7540 15th Ave N
CITY-ST-ZIP St. Petersburg, FL 33710

TITLE D ☐ Delete
NAME PLYMALE, NANCY C
STREET ADDRESS 38233 TUCKER RD.
CITY-ST-ZIP ZEPHYRHILLS FL 33539

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

TITLE D ☐ Delete
NAME LEISER, LINDA
STREET ADDRESS 3911 REGINA ST
CITY-ST-ZIP TAMPA FL

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

TITLE D ☐ Delete
NAME TIMMONS, BRIAN
STREET ADDRESS P O BOX 72 N/A
CITY-ST-ZIP VALRICO FL

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

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:

Edward M. Palmieri
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/2000 (813) 779-2551

CR2E037 (9/99)