

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004611

1. Entity Name

FLORIDA APPLESEED CENTER FOR LAW AND JUSTICE, IN

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90083 024 ****61.25

Principal Place of Business

Mailing Address

C/O JACQUELINE G. GERSTEIN
MADISON CIRCLE, 3191 CORAL WAY, SUITE 402A
MIAMI FL 33145

C/O JACQUELINE G. GERSTEIN
MADISON CIRCLE, 3191 CORAL WAY, SUITE 402A
MIAMI FL 33145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0719038

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

GERSTEIN, JACQUELINE G
C/O JACQUELINE G. GERSTEIN
MADISON CIRCLE, 3191 CORAL WAY, SUITE 402A
MIAMI FL 33145

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 ☐ Delete
NAME THOMSON, PARKER D
STREET ADDRESS ONE SOUTHEAST THIRD AVENUE, 17TH FLOOR
CITY-ST-ZIP MIAMI FL 33131

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

TITLE ☐ Delete
NAME BESVINICK, LAURA
STREET ADDRESS ONE BISCAYNE TOWER, #1500, 2 S BISCAYNE
CITY-ST-ZIP MIAMI FL 33131

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

TITLE ☐ Delete
NAME MANNING, ELLIOTT
STREET ADDRESS 7605 S.W. 126TH STREET
CITY-ST-ZIP MIAMI FL 33156

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

TITLE ☐ Delete
NAME BARKIN, MARVIN E MR.
STREET ADDRESS 2700 BARNETT PLAZA
CITY-ST-ZIP TAMPA FL

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

TITLE ☐ Delete
NAME BASS, HILARIE M
STREET ADDRESS 1221 BRICKELL AVE.
CITY-ST-ZIP MIAMI FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP See attached

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

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