

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90146 047 \*\*\*\*61.25

0028694

DOCUMENT # N96000004611

1. Entity Name

FLORIDA APPLESEED CENTER FOR LAW AND JUSTICE, INC.



Principal Place of Business

1550 MADRUGA AVENUE  
SUITE 320  
CORAL GABLES FL 33146  
1311 Miller Drive  
Room G266  
Coral Gables, FL 33146

Mailing Address

1550 MADRUGA AVENUE  
SUITE 320  
CORAL GABLES FL 33146

2. Principal Place of Business

1311 Miller Drive  
Suite, Apt. #, etc.  
Coral Gables, FL

3. Mailing Address

1311 Miller Drive  
Suite, Apt. #, etc.  
Coral Gables, FL



☐ CHECK HERE IF MAKING CHANGES

City & State

Coral Gables, FL

City & State

Coral Gables, FL

4. FEI Number 65-0719038

Applied For

Not Applicable

Zip

33146

Country

USA

Zip

33146-8087

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MANNING, ELLIOTT  
1311 MILLER DRIVE  
ROOM G 261  
CORAL GABLES FL 33141

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BARKIN, MARVIN E	
STREET ADDRESS	2700 BARNETT PLAZA	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	D	<input type="checkbox"/> Delete
NAME	BASS, HILARIE	
STREET ADDRESS	1221 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	BESVINICK, LAURA	
STREET ADDRESS	1111 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	FEAGIN, ROBERT II	
STREET ADDRESS	315 SOUTH CALHOUN STREET, STE 600	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D	<input type="checkbox"/> Delete
NAME	GERSTEIN, JACKIE G	
STREET ADDRESS	800 NW 15 STREET	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALEZ, JACKIE	
STREET ADDRESS	3100 SW 62 AVE	
CITY-ST-ZIP	MIAMI FL 33155	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)

29/6/

4/27/03 35-288