

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
 05-23-2001 91176 006 ****61.25

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DOCUMENT # N97000001593

1. Entity Name
THE COALITION ADVOCATING MEDICAL MARIJUANA CORP.

Principal Place of Business 2302 NE 7 AVE. WILTON MANORS FL 33334 US	Mailing Address P O BOX 290054 FT LAUDERDALE FL 33321-0054 US
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A0071396



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

TALLAH, FL
32308
Broward

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

CORMICAN, RUSSELL
800 E. BROWARD BLVD.
SUITE 310
FORT LAUD. FL 33368

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.

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 <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	BLEDSON, SCOTT	
STREET ADDRESS	141 OLD ORANGE PARK RD. #177	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SCOTT, GREG	
STREET ADDRESS	2848 NE 9 TERR.	
CITY-ST-ZIP	WILTON MANOR FL 33334	
TITLE	DS	<input type="checkbox"/> Delete
NAME	JAMES, JODI	
STREET ADDRESS	2613 LARRY CT.	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	TT	<input checked="" type="checkbox"/> Delete
NAME	LEEMAN, TONI	
STREET ADDRESS	3710 N 65 AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

Toni Latino
1807 DAK CT.
TALLAHASSEE FL 32308

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: *Toni Latino* **5/18/01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)