

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000001593

FILED
Aug 27, 2002
Secretary of State

Entity Name: THE COALITION ADVOCATING MEDICAL MARIJUANA CORP.

Current Principal Place of Business:

2302 NE 7 AVE.
WILTON MANORS, FL 33334 US

New Principal Place of Business:

800 E. BROWARD BLVD.
310
FORT LAUDERDALE, FL 33301 US

Current Mailing Address:

P O BOX 14293
TALLAHASSEE, FL 32308 US

New Mailing Address:

800 E. BROWARD BLVD.
310
FORT LAUDERDALE, FL 33301 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BLEDSOE, SCOTT
Address: 141 OLD ORANGE PARK RD. #177
City-St-Zip: ORANGE PARK, FL 32073

Title: DVP () Delete
Name: SCOTT, GREG
Address: 2848 NE 9 TERR.
City-St-Zip: WILTON MANOR, FL 33334

Title: DS () Delete
Name: JAMES, JODI
Address: 2613 LARRY CT.
City-St-Zip: MELBOURNE, FL 32935

Title: TT () Delete
Name: LEEMAN, TONI
Address: 1807 DAX COURT
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LATINO, TONI
Address: 8308 SW 26TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TT (X) Change () Addition
Name: SCOTT, GREG
Address: 2848 NE 9TH TERR
City-St-Zip: WILTON MANORS, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONI LATINO

DP

08/27/2002

Electronic Signature of Signing Officer or Director

Date