

2000 UNIFORM BUSINESS REPORT (UBR)

0005019

DOCUMENT # N97000004017

1. Entity Name

JUDICIAL WATCH OF FLORIDA, INCORPORATEDFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 25 PM 3:23

Principal Place of Business

Mailing Address

100 SE 2ND ST., SUITE 3920
MIAMI FL 33131100 SE 2ND ST., SUITE 3920
MIAMI FL 33131

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

31-1622696

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

KLAYMAN, LARRY
100 SE 2ND ST., SUITE 3920
MIAMI FL 33131

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

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	KLAYMAN, LARRY	100 SE 2ND ST., SUITE 3920	MIAMI FL 33131	<input type="checkbox"/>
D	ORFANEDES, PAUL J	100 SE 2ND ST., SUITE 3920	MIAMI FL 33131	<input type="checkbox"/>
D	MARUNA, JOHN	100 SE 2ND ST., SUITE 3920	MIAMI FL 33131	<input type="checkbox"/>
D	FITTON, THOMAS J	100 S.E. 2ND STREET, SUITE 2930	MIAMI FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)