

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006302

1. Entity Name

THE FLORIDA PUBLIC INTEREST LAW INSTITUTE, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90286 031 ****61.25

0062790

Principal Place of Business

PO BOX 20475
ST PETERSBURG FL 33742-0475

Mailing Address

PO BOX 20475
ST PETERSBURG FL 33742-0475

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

59-3475750

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VERDE, STACEY K
442 W KENNEDY BLVD
STE 300
TAMPA FL 33606

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. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME KLEIN, STACEY
STREET ADDRESS 2024 BLUE HAWK CT. #1823
CITY-ST-ZIP CLEARWATER FL 34622

TITLE D ☐ Delete
NAME BAUMANN, WILLIAM
STREET ADDRESS 4642 DUNNIE DR
CITY-ST-ZIP TAMPA FL 33614

TITLE D ☐ Delete
NAME DOERING, KAREN
STREET ADDRESS 1506 86TH AVENUE N
CITY-ST-ZIP SAINT PETERSBURG FL 33702

TITLE D ☐ Delete
NAME ADLER, ANDREW
STREET ADDRESS 1522 FIREWHEEL DR
CITY-ST-ZIP WESLEY CHAPEL FL 33543

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President ☒ Change ☐ Addition
NAME Stacey Klein Verde
STREET ADDRESS 4628 Preston Woods Dr.
CITY-ST-ZIP Valrico, FL 33594

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

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

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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: *Stacey Klein Verde*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01

(813) 253-2010

Date

Daytime Phone #

CR2E037 (10/00)