2002 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2002 8:00 am Secretary of State DOCUMENT # **N98000005711** 04-17-2002 90109 001 ****61.25 THE INDEPENDENT GAY FORUM, INC. Principal Place of Business Mailing Address 1000 VENETIAN WAY #904 1000 VENETIAN WAY #904 MIAMI FL 33139 MIAMI FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0875150 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -- 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) HERBITS, STEPHEN E 1000 VENETIAN WAY #904 **MIAMI FL 33139** City 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 Fiorida SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Addition NAME BOAZ, MR DAVID NAME STREET ADDRESS STREET ADDRESS 4208 N 119TH ST CITY-ST-ZIP CITY-ST-ZIP <u>arlington va 22201</u> TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME RAUCH, JONATHAN STREET ADDRESS STREET ADDRESS 2829 CONNECTICUT AVENUE #308 CITY+ST-ZIP + CITY-ST-ZIP = WASHINGTON DC 20008 ☐ Delete TITLE ☐ Change Addition NAME NAME Bone. Stephen Mr. STREET ADDRESS STREET ADDRESS 1172 SOUTH DIXIE HIGHWAY #131 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33146 ☐ Delete TITLE TITLE DS Change ☐ Addition NAME MR HERB, JULI NAME STREET ADDRESS STREET ADDRESS 5 ISLAND DRIVE #7H CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 TITLE ☐ Delete PT () TITLE ☐ Change ☐ Addition NAME HERBITS, STEPHEN E NAME STREET ADDRESS STREET ADDRESS 1000 VENNTIAN WAY # 904 CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33139 TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

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:

**Total Control of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of 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:

**Total Control of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(i) in