

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90045 002 ****61.25

DOCUMENT # N98000006437

1. Entity Name

ALLIANCE FOR ETHICAL GOVERNMENT, INC.

Principal Place of Business

Mailing Address

C/O UNIVERSITY OF MIAMI
P.O. BOX 248218
CORAL GABLES FL 33124
US

UNIVERSITY OF MIAMI
1252 MEMORIAL DR.
CORAL GABLES FL 33124
US

00020240



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

4. FEI Number

65-0877000

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

FRIEDMAN, HARRY J
1221 BRICKELL AVENUE
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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	KOGAN, GERALD	
STREET ADDRESS	P.O. BOX 248218	
CITY-ST-ZIP	CORAL GABLES FL 33124	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALADRIGAS, CARLOS A	
STREET ADDRESS	10200 SUNSET DRIVE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOOTE, EDWARD II	
STREET ADDRESS	1252 MEMORIAL DR.	
CITY-ST-ZIP	CORAL GABLES FL 33124	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIBSON, THELMA V	
STREET ADDRESS	3661 FRANKLIN AVE.	
CITY-ST-ZIP	COCONTO GROVE FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOLLIVETTE, CYRUS M	
STREET ADDRESS	1252 MEMORIAL DRIVE	
CITY-ST-ZIP	CORAL GABLES FL 33124	
TITLE		<input type="checkbox"/> Delete
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Cyrus M. Jollivette
GRAND OFFICER REQUIRED

Cyrus M. Jollivette 2/14/2000 305/284-5155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)