

03
NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY -16 PH 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 102000029563

1. Entity Name

FLORIDA MAINSTREAM FORUM, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5314 PIMLICO DRIVE

3. Mailing Address

PO BOX 1842

Suite, Apt. #, etc.

Suite, Apt. #, etc.

500020045595
05/28/03--01065--018 **89.75

DO NOT WRITE IN THIS SPACE

City & State
TALLAHASSEE, FLORIDA

City & State
TALLAHASSEE, FLORIDA

4. FEI Number 01-0636263

Applied For
Not Applicable

Zip
32309

Country
USA

Zip
32302

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name RICHARD REEVES

Street Address (P.O. Box Number is Not Acceptable)

5314 PIMLICO DRIVE

City TALLAHASSEE

FL

Zip Code
32309

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
CHAIRPERSON
LORANNE AUSLEY
STREET ADDRESS
PO BOX 1842, TALLAHASSEE, FL 32302
CITY-ST-ZIP

TITLE
NAME
VICE CHAIRPERSON
RON GREENSTEIN
STREET ADDRESS
PO BOX 1842, TALLAHASSEE, FL 32302
CITY-ST-ZIP

TITLE
NAME
TREASURER
BOB HENRIQUEZ
STREET ADDRESS
PO BOX 1842, TALLAHASSEE, FL 32302
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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500020045595
05/28/03--01065--017 **61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)

7/1/22