

DOCUMENT # N97000003185

**FILED**  
**Jan 08, 2001 8:00 am**  
**Secretary of State**

01-08-2001 90037 022 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

1. Entity Name  
**EQUALITY FLORIDA HUMAN RIGHTS EDUCATION PROJECT,**

Principal Place of Business Mailing Address  
~~202 S. HOWARD AVE~~ **1222 S. DALE MABRY** ~~202 S. HOWARD AVE~~ **1222 S. DALE MABRY**  
**TAMPA FL 33606-33629** **STE 652** **TAMPA FL 33606-33629** **STE 652**  
 US US

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 **59-3435235** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**SMITH, NADINE**  
**1485 CLEVELAND STREET**  
**CLEARWATER FL 34615**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BENTZ, DON</b>	
STREET ADDRESS	<b>1222 S. DALE MABRY, SUITE 652</b>	
CITY - ST - ZIP	<b>TAMPA FL 33629</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, NADINE</b>	
STREET ADDRESS	<b>1222 S. DALE MABRY, STE 652</b>	
CITY - ST - ZIP	<b>TAMPA FL 33629</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MANDEL, AMY</b>	
STREET ADDRESS	<b>1222 S. DALE MABRY, SUITE 652</b>	
CITY - ST - ZIP	<b>TAMPA FL 33629</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Amy Mandel* **AMY USHMANDEL, TREAS.** **1/2/01** **(813) 890-3735 x207**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)