

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736668

1. Entity Name

LEGAL SERVICES OF NORTH FLORIDA, INC.

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90071 021 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2119 DELTA BOULEVARD  
TALLAHASSEE FL 32303

2119 DELTA BOULEVARD  
TALLAHASSEE FL 32303-4209  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0197090

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KNAB, KRISTINE E.  
2119 DELTA BLVD  
TALLAHASSEE FL 32303

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 **D** ☒ Delete  
NAME **JONES, DAVID**  
STREET ADDRESS **163 AVENUE B**  
CITY-ST-ZIP **APALACHICOLA FL**

TITLE **STD** ☐ Change ☒ Addition  
NAME **MACK, THEODORE**  
STREET ADDRESS **803 N. CALHOUN STREET**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **PD** ☐ Delete  
NAME **CUMMINGS, CAROLYN**  
STREET ADDRESS **462 W. BREVARD ST**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☒ Change ☐ Addition  
NAME **CUMMINGS, CAROLYN**  
STREET ADDRESS **462 W BREVARD ST**  
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **D** ☐ Delete  
NAME **LANNON, CATHERINE**  
STREET ADDRESS **THE CAPITAL, ROOM 1602**  
CITY-ST-ZIP **TALLAHASSEE FL**

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

TITLE **VD** ☐ Delete  
NAME **SCOTT, LARRY**  
STREET ADDRESS **2639 N MONROE ST, #207-C**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **PD** ☒ Change ☐ Addition  
NAME **SCOTT, LARRY**  
STREET ADDRESS **2639 N MONROE ST, #207-C**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **STD** ☐ Delete  
NAME **KINCH, ANNE**  
STREET ADDRESS **110 E. PARK AVE #122**  
CITY-ST-ZIP **TALLAHASSEE FL 32301-7726**

TITLE **VD** ☒ Change ☐ Addition  
NAME **KINCH, ANNE**  
STREET ADDRESS **110 E PARK AVE #122**  
CITY-ST-ZIP **TALLAHASSEE FL 32301-7726**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

2/16/2000 850-414-7647

Date

Daytime Phone #

CR2E037 (9/99)