

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90003 017 ****70.00

DOCUMENT # 757054

1. Entity Name
SOUTHERN MUNICIPAL ANALYSTS' SOCIETY, INCORPORAT

Principal Place of Business C/O LAWRENCE A. LEVY, ESO. 1016 MILAN AVENUE CORAL GABLES FL 33134	Mailing Address C/O LAWRENCE A. LEVY, ESO. 1016 MILAN AVENUE CORAL GABLES FL 33134-3552
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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 59-2128616	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LEVY, LAWRENCE A.
1016 MILAN AVENUE
CORAL GABLES FL 33134

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME C EVANOUSKAS, EDWARD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 880 CARILLON PKWY CITY-ST-ZIP ST PETERSBURG FL 33716	
TITLE NAME D FOLEY, BILL	<input type="checkbox"/> Delete
STREET ADDRESS 9800 FREDRICKSBURG RD CITY-ST-ZIP SAN ANTONIO TX 78213	
TITLE NAME D GROB, CHUCK	<input type="checkbox"/> Delete
STREET ADDRESS 11 GREENWAY PLAZA CITY-ST-ZIP HOUSTON TX	
TITLE NAME D BURNES, MARY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 12555 MANCHESTER RD CITY-ST-ZIP ST LOUIS MO 63131	
TITLE NAME D BLALOCK, TONY	<input type="checkbox"/> Delete
STREET ADDRESS 5 W HARGETT STREET CITY-ST-ZIP RALEIGH NC 27601	
TITLE NAME S LEVY, LAWRENCE A.	<input type="checkbox"/> Delete
STREET ADDRESS 1016 MILAN AVENUE CITY-ST-ZIP CORAL GABLES FL 33134	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME T PATRICK HENNESSEY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 191 PEACHTREE ST CITY-ST-ZIP ATLANTA GA 30303	
TITLE NAME C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: PATRICK HENNESSEY Date: 4-20-2000 Daytime Phone #: 404.332-5736

CR2E037 (9/99)