

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Sep 12, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # 769474**

1. Entity Name  
 FLORIDA GOVERNMENT BAR ASSOCIATION, INC.

Principal Place of Business P.O. BOX 10474 TALLAHASSEE FL 323022474	Mailing Address P.O. BOX 10474 TALLAHASSEE FL 323022474
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number <b>59-2887589</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	

6. Name and Address of Current Registered Agent  
 COLLETTE CHARLES T  
 108 WINN CAY WAY  
 TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent  
 Name  
 HENDERSON THEODORE M  
 Street Address (P.O. Box Number is Not Acceptable)  
 2916 CROSS CREEK COURT  
 City  
 TALLAHASSEE FL Zip Code  
 32301

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 THEODORE M. HENDERSON DATE 09/12/2000  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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)(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.