

# 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 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
		D GOLD MICHAEL 4907 LESTER ROAD TALLAHASSEE FL 32311	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		D FORRESTER JULIA 1701 BELVEDERE TALLAHASSEE FL 32308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		SD FLUHARTY KIM 1706 SILVERWOOD DRIVE TALLAHASSEE FL 32301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		TD WESTCOTT DAVID S 6598 MAN-O-WAR TRAIL TALLAHASSEE FL 32308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		VPD CLARK MARY ELLEN 4430 SIERRA COURT TALLAHASSEE FL 32308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		PD HENDERSON THEODORE M 2916 CROSS CREEK COURT TALLAHASSEE FL 32301	

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.