

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 12, 2001 8:00 am**  
**Secretary of State**

07-12-2001 90122 039 \*\*\*\*61.25

0004368

**DOCUMENT # N94000001161**

1. Entity Name

**FLORIDA PRISONERS LEGAL AID ORGANIZATION, INC.**

*(LR)*

Principal Place of Business

Mailing Address

15232 E. COLONIAL DR.  
 ORLANDO FL 32826

15232 E. COLONIAL DR.  
 ORLANDO FL 32826

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3255961**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURNS, TERESA A**  
**15232 E. COLONIAL DR.**  
**ORLANDO FL 32826**

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**  
**After September 12, 2001, min. will be \$236.25**

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 **CD**  Delete  
 NAME **BURNS, TERESA A**  
 STREET ADDRESS **14365 E. COLONIAL DR. #1-A**  
 CITY-ST-ZIP **ORLANDO FL 32826**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **15232 E Colonial Dr**  
 CITY-ST-ZIP **Orlando FL 32826**

TITLE **SD**  Delete  
 NAME **POSEY, BOBBY G**  
 STREET ADDRESS **1150 S.W. ALLAPATTAH RD.**  
 CITY-ST-ZIP **INDIANTOWN FL 34956-4397**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **MCGLAMRY, DARRYL J**  
 STREET ADDRESS **1150 S.W. ALLAPATTAH RD.**  
 CITY-ST-ZIP **INDIANTOWN FL 34956-4397**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **BAUER, DAVID WALTER**  
 STREET ADDRESS **4509 N ARMENIA AVE**  
 CITY-ST-ZIP **TAMPA FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: *TERESA A Burns* 7-9-01 407-568-7877

CR2E037 (5/01)