

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N94000001161

FILED  
Aug 15, 2002  
Secretary of State

Entity Name: FLORIDA PRISONERS LEGAL AID ORGANIZATION, INC.

**Current Principal Place of Business:**

15232 E. COLONIAL DR.  
ORLANDO, FL 32826

**New Principal Place of Business:**

**Current Mailing Address:**

15232 E. COLONIAL DR.  
ORLANDO, FL 32826

**New Mailing Address:**

FEI Number: 59-3255961

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: BURNS, TERESA A  
Address: 15232 E COLONIAL DROVE  
City-St-Zip: ORLANDO, FL 32826

Title: SD ( ) Delete  
Name: POSEY, BOBBY G  
Address: 1150 S.W. ALLAPATTAH RD.  
City-St-Zip: INDIANTOWN, FL 349564397

Title: TD ( ) Delete  
Name: MCGLAMRY, DARRYL J  
Address: 1150 S.W. ALLAPATTAH RD.  
City-St-Zip: INDIANTOWN, FL 349564397

Title: D ( ) Delete  
Name: BAUER, DAVID WALTER  
Address: 4509 N ARMENIA AVE  
City-St-Zip: TAMPA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERESA A BURNS

CD

08/15/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date