

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003149

1. Entity Name

NATIONAL ASSOCIATION OF CIVIL LAW NOTARIES, INC.

Principal Place of Business

1242 N. DUVAL ST.
TALLAHASSEE FL 32302

Mailing Address

1242 N. DUVAL ST.
TALLAHASSEE FL 32302

2. Principal Place of Business

P.O. Box 3269
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 3269
Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip
32215

Country

City & State

Tallahassee, FL

Zip
32215

Country

USA

4. FEI Number

59-3552914

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRYANT, BILL L JR
106 E COLLEGE AVE, SUITE 1200
TALLAHASSEE FL 32302

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

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

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

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRYANT, BILL L JR 106 E. COLLEGE AVE. STE 1200 TALLAHASSEE FL 32301 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KOCOUREK, TODD G 1242 N. DUVALL ST. TALLAHASSEE FL 32303 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PENALVER, RAFAEL 1101 BRICKELL AVE MIAMI FL 33131 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CARLISLE, RUSSELL 415 SE 12TH ST. FORT LAUDERDALE FL 33316 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILLIG, DAVID 2837 SW 3RD AVE MIAMI FL 33129 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROSENBERG, LEONARD 5200 BLUE LAGOON DR. STE 600 MIAMI FL 33126 | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1351 N. Gadsden Street |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01 850-425-1676
Date Daytime Phone #

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90020 007 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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NATIONAL ASSOCIATION OF CIVIL LAW NOTARIES
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Officers and Directors/Additions

D
Chuck Grainger
600 Dexter Avenue
State Capitol, Room E-201
Montgomery, AL 36130

D
Boyd F. Campbell
505 South Perry Street
Montgomery, AL 36104

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