

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003149

1. Entity Name

NATIONAL ASSOCIATION OF CIVIL LAW NOTARIES, INC.

Principal Place of Business

Mailing Address

P O BOX 3269
TALLAHASSEE FL 32215

P O BOX 3269
TALLAHASSEE FL 32215

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Delete
D BRYANT, BILL L JR
STREET ADDRESS 106 E COLLEGE AVE, STE 1200
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE NAME ☐ Change ☒ Addition
D/C Ronald J. Neiworth
STREET ADDRESS 100 SE 2nd Street, 17th Floor
CITY-ST-ZIP Miami, FL 33131

TITLE NAME ☐ Delete
D KOCUREK, TODD G
STREET ADDRESS 1351 N GADSDEN STREET
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE NAME ☐ Change ☒ Addition
D Clyde McFarland
STREET ADDRESS 2333 Ponce de Leon Blvd.
CITY-ST-ZIP Coral Gables, FL 33134

TITLE NAME ☐ Delete
D PENALVER, RAFAEL
STREET ADDRESS 1101 BRICKELL AVE
CITY-ST-ZIP MIAMI FL 33131

TITLE NAME ☐ Change ☒ Addition
D Charles Grainger
STREET ADDRESS PO Box 5616
CITY-ST-ZIP Montgomery, AL 36103-5616

TITLE NAME ☐ Delete
D CARLISLE, RUSSELL
STREET ADDRESS 415 SE 12TH ST.
CITY-ST-ZIP FORT LAUDERDALE FL 33316

TITLE NAME ☐ Change ☒ Addition
D Boyd Campbell
STREET ADDRESS 505 S. Perry Street
CITY-ST-ZIP Montgomery, AL 36104

TITLE NAME ☐ Delete
D WILLIG, DAVID
STREET ADDRESS 2837 SW 3RD AVE
CITY-ST-ZIP MIAMI FL 33129

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete
D ROSENBERG, LEONARD
STREET ADDRESS 5200 BLUE LAGOON DR. STE. 600
CITY-ST-ZIP MIAMI FL 33126

TITLE NAME ☐ Change ☐ 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

Date

Daytime Phone #

CR2E037 (9/01)

UBR1356



DO NOT WRITE IN THIS SPACE