

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90285 031 \*\*\*\*61.25

**DOCUMENT # 712035**

1. Entity Name

**FLORIDA RURAL LEGAL SERVICES, INC.**

Principal Place of Business

Mailing Address

**963 EAST MEMORIAL BOULEVARD  
 P. O. BOX 24688  
 LAKELAND FL 33802**

**963 EAST MEMORIAL BOULEVARD  
 P. O. BOX 24688  
 LAKELAND FL 33802**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1225173**

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**

**WAHL, GAIL R.  
 963 EAST MEMORIAL BOULEVARD  
 LAKELAND FL 33801**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>FIELDS, TAMMY</b>	
STREET ADDRESS	<b>301 N OLIVE AVE #601</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>SENN, STEPHEN R</b>	
STREET ADDRESS	<b>100 E MAIN STREET</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33802</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>DIAMOND, STELLA</b>	
STREET ADDRESS	<b>2036 MCGREGOR BLVD</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33902</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>LEE, JOSEPH D</b>	
STREET ADDRESS	<b>1818 S AUSTRALIAN AVE COMMERCE POINTE #400</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33409</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Heritage Plaza, Ste. 300, 225 E. Lemon St.</b>	
STREET ADDRESS	<b>Lakeland, FL 33801</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** STEPHEN R. SENN **SIGNATURE REQUIRED** **Stephen R. Senn, Secretary Board of Directors** **863-688-7376**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **4/2/02** Daytime Phone # \_\_\_\_\_

CR2E037 (9/01)