

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **718381**

1. Entity Name

**SOUTHEASTERN CONFERENCE ON LINGUISTICS, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

00 SEP 28 AM 6:16

Principal Place of Business      Mailing Address  
**Dept. of English**      **Dept. of English**  
**UNC Charlotte**      **UNC Charlotte**  
**9201 University City Blvd.**      **9201 University City Blvd.**  
**Charlotte NC 28223-0001**      **Charlotte NC 28223-0001**

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      Applied For  
**62-1188009**      Not Applicable

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**

**Chu, Chauncey C.**  
**3403 NW 7<sup>th</sup> Place**  
**Gainesville FL 32607**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**888883417828 7**  
**-10/09/00--01005--002**  
 City      **\*\*\*\*70.PL**      **\*\*\*\*70.00**

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**

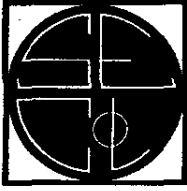
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> <b>Bongartz, Christiane</b> <b>Dept. of English, UNC Charlotte</b> <b>Charlotte NC 28223-0001</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Nunnally, Thomas</b> <b>Dept. of English, Auburn U</b> <b>Auburn AL 36849</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>Wolfram, Walt</b> <b>Dept. of English, NC State U</b> <b>Raleigh NC 27695-8105</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Weatherly, Joan</b> <b>Dept. of English, Auburn U</b> <b>Auburn AL 36849</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Little, Greta</b> <b>Linguistics Program, U of SC</b> <b>Columbia SC 29208</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> <b>Thiede, Ralf</b> <b>Dept. of English, UNC Charlotte</b> <b>Charlotte NC 28223-0001</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Maynor, Natalie</b> <b>Dept. of English, Mississippi State U</b> <b>Mississippi State MS 39762-5505</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>Bernstein, Cynthia G.</b> <b>Dept. of English, U of Memphis</b> <b>Memphis TN 38152</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Sara L. Sanders</b> <b>Dept. of English, Coastal Carolina U</b> <b>Conway SC 29526</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Bailey, Guy</b> <b>Provost, U Texas at San Antonio</b> <b>San Antonio TX 78249-0643</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Montgomery, Michael</b> <b>Dept. of English, U of SC</b> <b>Columbia SC 29208</b>	<input type="checkbox"/> Change <input checked="" 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: Ralf Thiede      Ralf Thiede      09-26-2000      (704) 687-4227  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)



## Southeastern Conference on Linguistics

The University of North Carolina at Charlotte  
English Language Studies – Dept. of English  
9201 University City Blvd.  
Charlotte NC 29223-0001

## *Southern Journal of Linguistics*

Office of the Editor  
Fax: (704) 687-3961

September 26, 2000

To: **Division of Corporations**  
**P.O. Box 6327**  
**Tallahassee FL 32314**

From: Ralf Thiede

re: nonprofit incorporation 2000  
your sign: lsellers  
09-18-2000

Dear Corporation Officer,

Possibly due to the relocation of our headquarters to the University of North Carolina at Charlotte, we have not received the year 2000 Uniform Business Report form 200 (at either the old or the new location). I have talked to an agent at your office on Sept. 18, 2000 who sent me a blank form and recommended that I send this to you post haste. I respectfully request that you kindly reinstate the Southeastern Conference on Linguistics and please waive any late fee that would otherwise apply.

With kind regards,

Ralf Thiede  
Editor and Executive Secretary, SECOL

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