

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

00817293

05-22-2001 90011 027 ****61.25

DOCUMENT # 718381

1. Entity Name

SOUTHEASTERN CONFERENCE ON LINGUISTICS, INC.

Principal Place of Business

DEPT. OF ENGLISH, UNC CHARLOTTE
 9201 UNIVERSITY CITY BLVD
 CHARLOTTE NC 28223-0001
 US

Mailing Address

DEPT. OF ENGLISH, UNC CHARLOTTE
 9201 UNIVERSITY CITY BLVD
 CHARLOTTE NC 28223-0001
 US

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

62-1188009

Applied For

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 7TH PLACE
GAINESVILLE FL 32607

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	DST	<input type="checkbox"/> Delete
NAME	THIEDE, RALF	
STREET ADDRESS	DEPT. OF ENGLISH, UNC CHARLOTTE	
CITY-ST-ZIP	CHARLOTTE NC 28223-0001	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MAYNOR, NATALIE	
STREET ADDRESS	DEPT. OF ENGLISH, MISSISSIPPI STATE U	
CITY-ST-ZIP	MISSISSIPPI STATE MS 39762-5505	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BERNSTEIN, CYNTHIA G	
STREET ADDRESS	DEPT OF ENGLISH, U OF MEMPHIS	
CITY-ST-ZIP	MEMPHIS TN 38152	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDERS, SARA L	
STREET ADDRESS	DEPT OF ENGLISH, COASTAL CAROLINA U	
CITY-ST-ZIP	CONWAY SC 29526	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAILEY, GUY	
STREET ADDRESS	PROVOST, U TEXAS AT SAN ANTONIO	
CITY-ST-ZIP	SAN ANTONIO TX 78249-0643	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONTGOMERY, MICHAEL	
STREET ADDRESS	DEPT OF ENGLISH, U OF SC	
CITY-ST-ZIP	COLUMBIA SC 29208	

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	
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	
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:

SIGNATURE REQUIRED

Ralf Thiede

5-1-01

704.687.4227

CR2E037 (10/00)