2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 721880 Apr 06, 2000 8:00 am Secretary of State 1. Entity Name FLORIDA LAW REVIEW ALUMNI ASSOCIATION, INC. 04-06-2000 90027 028 ****61.25 Principal Place of Business Mailing Address HOLLAND LAW CENTER. SW 2ND AVE. HOLLAND LAW CENTER, SW 2ND AVE. GAINESVILLE FL 32611 **GAINESVILLE FL 32611** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 23-7181483 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PAYNE, VIVIEN \$ HOLLAND LAW CENTER SW 2ND AVENUE **GAINESVILLE FL 32611** City 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) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be \Box Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME DYKES, EVERETT STREET ADDRESS STREET ADDRESS 341 E. WEBSTER AVE CITY-ST-ZIP CITY - ST - ZIP WINTER PARK FL 32789 ☐ Addition ☐ Delate TITLE ☐ Change TITLE SELLERS, LARRY E JR. NAME STREET ADDRESS STREET ADDRESS 325 S CALHOUN ST STE 600 CITY-ST-ZIP CITY - ST - ZIP TALLAHASSEE FL Change ■ Addition TITLE SD Delete TITLE NAME NAME SIMMONS, JOHN Andrew Speranzini STREET ADDRESS STREET ADDRESS 115 HOLLAND HALL, SW 2ND AVENUE 115 Holland Hall, SW 2nd Avenue CITY-ST-ZIP CITY-ST-ZIP <u>Gainesville FL 32611</u> GAINESVILLE FL 32611 Change TITLE Addition ☐ Defete Т TITLE NAME NAME GOWDY, BRYAN Sara Tolliver STREET ADDRESS STREET ADDRESS 115 Holland Hall, SW 2nd Avenue 115 HOLLAND HALL, SW 2ND AVENUE CITY-ST-ZIP CITY-ST-ZIP <u>Gainesville FL 32611</u> GAINESVILLE FL 32611 ☐ Change ☐ Addition ☐ Delete TITLE TITLE MATHESON, MAUREEN M NAME NAME STREET ADDRESS STREET ADDRESS 1825 S. RIVERVIEW DR CITY-ST-7IP CITY-ST-ZIP MELBOURNE FL 32901 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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

CRZEC

SIGNATURE: SIGNATURE: 3/30/20 352-397-2148

Andrew Strugge Apprecia printed Mame of Signing Officer on Director Date Dete Deview Phone #

an address, with all other like empowered

changed, or on an attachment with