

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732004

1. Entity Name

OKALOOSA COUNTY LEGAL AID, INC.

Principal Place of Business

LAW LIBRARY - SADLER ADDITION
OKALOOSA COUNTY COURTHOUSE ANNEX
SHALIMAR FL 32579

Mailing Address

LAW LIBRARY - SADLER ADDITION
OKALOOSA COUNTY COURTHOUSE ANNEX
SHALIMAR FL 32579

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

59-2352579

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

WELTON, MARK H
1020 S. FERDON BLVD
CRESTVIEW FL 32536

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
After September 12, 2001, min. will be \$236.25

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 PD ☐ Delete
NAME WELTON, MARK H
STREET ADDRESS 1020 S. FERDON BLVD
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BURKE, JANIS
STREET ADDRESS 60 SECOND ST, SUITE 203
CITY-ST-ZIP SHALIMAR FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HALL, STEVEN
STREET ADDRESS 36468 EMERALD COAST PKWY, #2201
CITY-ST-ZIP DESTIN FL 32541

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SHAW, TIMOTHY
STREET ADDRESS 207 FLORIDA PLACE
CITY-ST-ZIP FT WALTON BCH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GILPATRICK, STEVE
STREET ADDRESS 4 11TH AVE., SUITE 2
CITY-ST-ZIP SHALIMAR FL 32579

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Janis Burke

9-4-01

850-651-6361

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90205 020 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)