

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90034 021 \*\*\*\*61.25

**DOCUMENT # 744271**

1. Entity Name

**SOUTHEASTERN CONFERENCE FOR PUBLIC ADMINISTRATIO**

Principal Place of Business

Mailing Address

POLITICAL SCIENCE DEPT  
 7080 HALEY CENTER  
 AUBURN UNIVERSITY AL  
 US

CHARLES SPINDLER, POLITICAL SCIENCE DEPT.  
 7080 HALEY CENTER  
 AUBURN UNIVERSITY AL 36849

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

**59-2639543**

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

**RIGOS, PLATON**  
 DEPT. OF POLIT SCIENCE, UNIV OF SOUTH FL  
 SOC 107 4202 EAST FOWLER AVE.  
 TAMPA FL 33620-5100

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 **P**  Delete  
 NAME **SOLOMON, BILL**  
 STREET ADDRESS **175 NW AVENUE 12TH FLOOR**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **P**  Change  Addition  
 NAME **Katie Keeton, Chair**  
 STREET ADDRESS **1131 EAST BURN ST,**  
 CITY-ST-ZIP **Division of Administrative Studies**  
**Univ of W. FL Pensacola FL 32514**

TITLE **VP**  Delete  
 NAME **HALACHMI, ARIE**  
 STREET ADDRESS **INSTITUTE OF GOV. TENNESSEE STATE UNIV**  
 CITY-ST-ZIP **NASHVILLE TN**

TITLE **VP**  Change  Addition  
 NAME **Gross**  
 STREET ADDRESS **903 Michigan Blvd.**  
 CITY-ST-ZIP **Dunedin, FL 34689**

TITLE **T**  Delete  
 NAME **SPINDLER, CHARLES**  
 STREET ADDRESS **POLITICAL SCIENCE DEPT., AUBURN DEPT**  
 CITY-ST-ZIP **AUBURN UNIVERSITY AL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **CUNNINGHAM, BOB**  
 STREET ADDRESS **POLITICAL SCIENCE DEPT. UNIV. OF TENN.**  
 CITY-ST-ZIP **KNOXVILLE TN**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **TAYLOR, LARRY**  
 STREET ADDRESS **LANDRUM BOX 8035 GEORGIA SOUTHERN UNIV**  
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **TAYLOR, MARY**  
 STREET ADDRESS **105 STUDENT SERVICES BLDG UNIV OF TENN**  
 CITY-ST-ZIP **KNOXVILLE TN**

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: *Charles J Spindler*

**Charles J Spindler**

1/18/00

334.844.6163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)