

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90058 024 ****61.25

UBR5/03

DOCUMENT # 744271

1. Entity Name

SOUTHEASTERN CONFERENCE FOR PUBLIC ADMINISTRATIO

Principal Place of Business

POLITICAL SCIENCE DEPT
 7080 HALEY CENTER
 AUBURN UNIVERSITY AL
 US

Mailing Address

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

2. Principal Place of Business

4000 N. Hills Dr., #31

3. Mailing Address

Howard Frank, Ph.D.

Suite, Apt. #, etc.

Hollywood, FL

Suite, Apt. #, etc.

4000 N. Hills Dr., #31

City & State

City & State

Hollywood, FL

Zip

33021

Country

USA

Zip

33021

Country

USA

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Howard A. Frank

Street Address (P.O. Box Number is Not Acceptable)

4000 N. Hills Dr., #31

City

Hollywood

FL

Zip Code

33021-2443

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

Howard A. Frank, Treasurer

Howard A. Frank

4/16/01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOLOMON, BILL 175 NW AVENUE 12TH FLOOR MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HALACHMI, ARIE INSTITUTE OF GOV. TENNESSEE STATE UNIV NASHVILLE TN	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPINDLER, CHARLES POLITICAL SCIENCE DEPT., AUBURN DEPT AUBURN UNIVERSITY AL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUNNINGHAM, BOB POLITICAL SCIENCE DEPT. UNIV. OF TENN. KNOXVILLE TN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, LARRY LANDRUM BOX 8035 GEORGIA SOUTHERN UNIV TALLAHASSEE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, MARY 105 STUDENT SERVICES BLDG UNIV OF TENN KNOXVILLE TN	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mary Ann Hinshaw, Deputy County Manager PO BOX 38 Halifax, NC 27839	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Harry Gross, VP Leisure Services Dept City of Dunedin 9031 Michigan Blvd Dunedin, FL 34698	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Glenn W Rainey, JR 113 McCreary Hall Eastern Kentucky Univ. Richmond, KY 40475-3102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Howard Frank 4000 N. Hills Dr., #31 Hollywood, FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Denise Strong, Director College of Urban Public Affairs Univ of New Orleans New Orleans, LA 70148	<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: Mary Ann Hinshaw MARY ANN HINSHAW 4/16/01 252 583-1131
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)