

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2003 8:00 am
Secretary of State

09-09-2003 90028 024 ****70.00

DOCUMENT # 744827

1. Entity Name
FLORIDA INSTITUTIONAL LEGAL SERVICES, INC.



Principal Place of Business

**1010-B NW 8TH AVENUE
GAINESVILLE FL 32601
US**

Mailing Address

**1010-B NW 8TH AVENUE
GAINESVILLE FL 32601
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 59-1860154

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JONES, CHRISTOPHER M
1010-B NW 8TH AVENUE
GAINESVILLE FL 32601**

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. I am familiar with, and accept the obligations of registered agent.

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 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **NUNN, KENNETH B**
STREET ADDRESS **UF COLLEGE OF LAW POB 117625**
CITY-ST-ZIP **GAINESVILLE FL 32611-7625**

TITLE **PRESIDENT** ☐ Change ☒ Addition

TITLE **VPD** ☐ Delete
NAME **SHUMAN, GLENN**
STREET ADDRESS **20 SOUTH MAGNOLIA AVENUE**
CITY-ST-ZIP **OCALA FL**

TITLE ☐ Change ☐ Addition

TITLE **PD** ☒ Delete
NAME **DUROCHER, JOSEPH W**
STREET ADDRESS **3563 EMERYWOOD LANE**
CITY-ST-ZIP **ORLANDO FL 32812**

TITLE **PRESIDENT** ☐ Change ☐ Addition

TITLE **D** ☐ Delete
NAME **DWYER, ROBERT K**
STREET ADDRESS **800 NORTH MAIN STREET**
CITY-ST-ZIP **KISSIMMEE FL 34744-4564**

TITLE ☐ Change ☐ Addition

TITLE **D** ☐ Delete
NAME **SCHABLE, JOHN**
STREET ADDRESS **1010 B NW 8TH AVE.**
CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE **SCHABLE, JOHN** ☒ Change ☐ Addition

TITLE **JONES, CHRISTOPHER** ☐ Delete
NAME **1010 B NW 8TH AVE**
STREET ADDRESS **GAINESVILLE FL 32601**

TITLE **EXECUTIVE DIRECTOR** ☐ Change ☒ 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:

SIGNATURE REQUIRED CHRISTOPHER JONES

**9/2/03 352 375
2494**

CR2E037 (4/03)