

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764023

1. Entity Name

FLORIDA CLIENTS COUNCIL, INC.

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90375 017 ****61.25

0014317

Principal Place of Business

FLORIDA LEGAL SERVICES, INC.
2121 DELTA BLVD.
TALLAHASSEE FL 32303-4209
US

Mailing Address

FLORIDA LEGAL SERVICES, INC.
2121 DELTA BLVD.
TALLAHASSEE FL 32303-4209
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

59-1436126

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

SPUHLER, KENT R
2121 DELTA BLVD
TALLAHASSEE FL 32303

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 PD
NAME TUCKER, JAMES E
STREET ADDRESS POST OFFICE BOX 188 N/A
CITY-ST-ZIP HASTINGS FL ☐ Delete

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

TITLE VD
NAME MYRICK, JESSE
STREET ADDRESS 1702 W. 19TH STREET
CITY-ST-ZIP JACKSONVILLE FL ☒ Delete

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

TITLE SD
NAME SANDERS, GLORIA
STREET ADDRESS P.O. BOX 1193 N/A
CITY-ST-ZIP BUSHNELL FL ☐ Delete

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

TITLE TD
NAME BAKER, DEROETHA
STREET ADDRESS 601 STEELE DRIVE
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

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

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:

Stephen C. Emmanuel
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 20, 2001

Date

425-5435

Daytime Phone #

CR2E037 (10/00)