

# **BUSINESS REPORT (UBR)**

**FILED**  
**Aug 31, 2001 8:00 am**  
**Secretary of State**

08-16-2001 90009 043 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # N03119</b>			
1. Entity Name <b>VOLUNTEER LAWYERS' PROJECT, INC.</b>			
Principal Place of Business <b>3301 E TAMiami TR NAPLES FL 34112 US</b>		Mailing Address <b>3301 E TAMiami TR NAPLES FL 34112 US</b>	
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 <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>KATHE WARNER 3301 E TAMiami TRAIL BLDG L NAPLES FL 34112</b>		7. Name and Address of New Registered Agent <b>KATHE WARNER SAME FL Zip Code</b>	
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 <i>Kathe Warner</i> 8/24/01 DATE 7 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			
FILE NOW: FEE IS \$61.25 After September 12, 2001, min. will be \$236.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Make Check Payable to Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME <input checked="" type="checkbox"/> DELETE VD COLEMAN, KEVIN STREET ADDRESS 4001 TAMiami TRAIL NORTH STE 300 CITY-ST-ZIP NAPLES FL 34103	TITLE NAME <input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION President		
TITLE NAME <input checked="" type="checkbox"/> DELETE TD BURZYNSKI, JILL STREET ADDRESS 1124 GOODLETTE RD CITY-ST-ZIP NAPLES FL 34102	TITLE NAME <input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION Vice President		
TITLE NAME <input checked="" type="checkbox"/> DELETE PD MANALICH, RAMIRO STREET ADDRESS 3301 E TAMiami TRAIL, BLDG L CITY-ST-ZIP NAPLES FL 34112	TITLE NAME <input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION		
TITLE NAME <input checked="" type="checkbox"/> DELETE SD D'AGOSHINO, LOUIS STREET ADDRESS 821 FIFTH AVE S., STE 201 CITY-ST-ZIP NAPLES FL 34102	TITLE NAME <input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION TREASURER		
TITLE NAME <input type="checkbox"/> DELETE	TITLE NAME <input checked="" type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION Secretary KELLEY G. PRICE 3001 N. TAMiami TRAIL NAPLES FL 34103		
TITLE NAME <input type="checkbox"/> DELETE	TITLE NAME <input type="checkbox"/> CHANGE <input 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: <i>Kathe Warner</i> 4/23/01		SIGNATURE REQUIRED	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day/ing Phone #	

CR2037 (5/01)