

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90052 006 *****61.25

DOCUMENT # N06110

1. Entity Name

**THE FLORIDA LAW RELATED EDUCATION ASSOCIATION, I
 NC.**

Principal Place of Business

Mailing Address

**1625 METROPOLITAN CIRCLE
 SUITE B
 TALLAHASSEE FL 32308
 US**

**1625 METROPOLITAN CIRCLE
 SUITE B
 TALLAHASSEE FL 32308
 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

59-2537003

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

**PITTS, ANNETTE BOYD
 3631 KIMMER ROWE DR
 TALLAHASSEE FL 32308**

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	D	<input type="checkbox"/> Delete
NAME	NOEL, LAWRENCE	
STREET ADDRESS	P.O. BOX 726	
CITY-ST-ZIP	JACKSONVILLE FL 32201	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SHENKMAN, STEPHEN C	
STREET ADDRESS	10121 SW 40TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONNIE, HIGGINS	
STREET ADDRESS	7601 N.W. 2ND STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOSFORD, KENNETH L.	
STREET ADDRESS	210 OFFICE PLAZA	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARSHALL, BILL	
STREET ADDRESS	6305 118TH AVE N	
CITY-ST-ZIP	LARGO FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRENDLE, CYNTHIA	
STREET ADDRESS	6335 12TH ST	
CITY-ST-ZIP	ZEPHYRHILLS FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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. Shankman 2/8/02 305-559-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)