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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20214

1. Corporation Name

CARIBBEAN LAW INSTITUTE, INC.

Principal Place of Business
425 WEST JEFFERSON STREET
FSU COLLEGE OF LAW
TALLAHASSEE FL 32301-1609

Mailing Address
425 WEST JEFFERSON STREET
FSU COLLEGE OF LAW
TALLAHASSEE FL 32301-1609



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/17/1987

4. FEI Number

59-2799726

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MACNAMARA, STEPHEN R.
425 W. JEFFERSON STREET,
FSU COLLEGE OF LAW
TALLAHASSEE FL 32306

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D**
D'ALEMBERTE, TALBOT
STREET ADDRESS **200 S. BISCAYNE BLVD. 41**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE

NAME **D**
GRIFFITH, ELWIN
STREET ADDRESS **425 W. JEFFERSON STREET**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE

NAME **D**
WEIDNER, DONALD J.
STREET ADDRESS **425 W. JEFFERSON STREET**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **D**
D'Alemberte, Talbot
1.3 STREET ADDRESS **1030 West Tennessee Street**
1.4 CITY-ST-ZIP **Tallahassee, Florida 32304**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **D**
Hunte, Keith
4.3 STREET ADDRESS **Cave Hill**
4.4 CITY-ST-ZIP **University of West Indies, Barbados**

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **D**
Carnegie, Ralph
5.3 STREET ADDRESS **Cave Hill**
5.4 CITY-ST-ZIP **University of West Indies, Barbados**

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME **D**
Burgess, Andrew
6.3 STREET ADDRESS **Cave Hill**
6.4 CITY-ST-ZIP **University of West Indies, Barbados**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Elwin Griffith SIGNATURE **ELWIN GRIFFITH**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

644-7731

Daytime Phone #

CR2E037 (11/98)

NONPROFIT CORPORATION

ANNUAL REPORT

1999

N20214
532247 90/29.15

CARIBBEAN LAW INSTITUTE, INC.

ADDITION

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Title	D
Name	Phillips, Grenville
Street Address	10 Neils Plantation
City-St-Zip	St. Michael, Barbados