

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20214

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2799726

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

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

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 ☐ Delete
NAME D'ALEMBERTE, TALBOT
STREET ADDRESS 1030 W TENNESSEE ST
CITY-ST-ZIP TALLAHASSEE FL 32304

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

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

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

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

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

TITLE D ☐ Delete
NAME HUNTE, KEITH
STREET ADDRESS CAVE HILL
CITY-ST-ZIP UNIV OF W INDIES BARBADOS

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

TITLE D ☐ Delete
NAME CARNEGIE, RALPH
STREET ADDRESS CAVE HILL
CITY-ST-ZIP UNIV OF W INDIES BARBADOS

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

TITLE D ☐ Delete
NAME BURGESS, ANDREW
STREET ADDRESS CAVE HILL
CITY-ST-ZIP UNIV OF W INDIES BARBADOS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/01

Date

644-7731

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE