

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90223 002 \*\*\*\*61.25

0005874

**DOCUMENT # N20214**

1. Entity Name

**CARIBBEAN LAW INSTITUTE, INC.**



Principal Place of Business

Mailing Address

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

**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

4. FEI Number **59-2799726**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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**

**Donald J. Weidner**  
**425 W. JEFFERSON STREET**  
**FSU College of Law**  
**TALLAHASSEE FL 32306**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida 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 **D** ☒ Change ☐ Addition  
NAME **D'ALEMBERTE TALBOT**  
STREET ADDRESS **425 W. JEFFERSON ST.**  
CITY-ST-ZIP **TALLAHASSEE, FL 32306**

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

Date

Daytime Phone #

**Donald J. Weidner**  
**April 15, 2003 850-644-3071**

CR2E037 (10/02)