FILED
May 30, 2002 8:00 am
Secretary of State
05-14-2002 90349 041 ****61.25

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28760

1. Entity Name

TALLAHASSEE CHAPTER OF FLORIDA ASSOCIATION OF CRIMINAL DEFENSE LAWYERS

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
217 N. FRANKLIN BLVD.	217 N. FRANKLIN BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TALLAHASSEE, FLORIDA	City & State: TALLAHASSEE, FLORIDA
Zip: 32301 Country: USA	Zip: 32301 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2911479 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ETHAN ANDREW WAY

Street Address (P.O. Box Number is Not Acceptable): 217 N. FRANKLIN BLVD.

City: TALLAHASSEE FL Zip Code: 32301

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] 4.30.02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P D
NAME	ETHAN WAY
STREET ADDRESS	217 N. FRANKLIN BLVD.
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	TD
NAME	RICHARD GREENBERG
STREET ADDRESS	P.O. BOX 925
CITY-ST-ZIP	TALLAHASSEE, FL 32302-0925
TITLE	S
NAME	KATHY GARNER
STREET ADDRESS	216 SOUTH MONROE ST.
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	D
NAME	DEAN LABOUFF
STREET ADDRESS	863 EAST PARK AVENUE
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] ETHAN ANDREW WAY PRESIDENT 4.30.02 (850) 222-0052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #