

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91607 040 ****61.25

DOCUMENT # N31647

1. Entity Name

**SOUTHEASTERN CHAPTER OF THE AMERICAN ASSOCIATION
 OF LAW LIBRARIES, INC.**

Principal Place of Business

Mailing Address

**%ST THOMAS UNIV LAW LIBRARY
 16400 NW 32ND AVE
 MIAMI FL 33054
 US**

**%ST THOMAS UNIV LAW LIBRARY
 16400 NW 32ND AVE
 MIAMI FL 33054
 US**

434580



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1592266

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**TEJEDA, PAULA
 ST. THOMAS UNIV LAW LIBRARY
 16400 NW 32ND AVE
 MIAMI FL 33054**

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

4/25/02

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 PD
 NAME CIHAK, HERB
 STREET ADDRESS LAW LIBRARY UNIV OF KY, 620 S LIMESTONE ST
 CITY-ST-ZIP LEXINGTON KY 40506-0048 ☐ Delete

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

TITLE SD
 NAME GEKAS WELLFORD, GEORGIANA
 STREET ADDRESS OFFICE OF THE ATT GEN OF VA, 900 E MAIN ST
 CITY-ST-ZIP RICHMOND VA 23173 ☒ Delete

TITLE SD
 NAME Maureen Eggert
 STREET ADDRESS Wake Forest University Law Library
 CITY-ST-ZIP 1834 Wake Forest Road Winston-Salem, NC 27109 ☐ Change ☐ Addition

TITLE TD
 NAME JEFFERIES, DEBORAH
 STREET ADDRESS HEAD LAW LIBRARIAN, NCCU, 1512 S ALTON AVE
 CITY-ST-ZIP DURHAM NC 27707 ☐ Delete **Alston**

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

TITLE D
 NAME LEHMAN, CATHERINE
 STREET ADDRESS 301 LOYOLA AVE SUP CT BLDG RM 100
 CITY-ST-ZIP NEW ORLEANS LA 70112 ☒ Delete

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

TITLE VD
 NAME LONG, TERRY
 STREET ADDRESS VA STATE SUPREME COURT 100 N 9ST 2ND FLOOR
 CITY-ST-ZIP RICHMOND VA 23219 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE VP
 NAME Nancy Johnson
 STREET ADDRESS Georgia State University Law Library
 CITY-ST-ZIP 140 Decatur Street Atlanta, GA 30303 ☐ Change ☒ Addition

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:

Deborah M. Jefferies **4/30/02** **(919)560-6113**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)