

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90002 001 ****61.25

DOCUMENT # N40815

1. Entity Name

THE NORTHERN DISTRICT OF FLORIDA BANKRUPTCY BAR

Principal Place of Business

107 N PALAFOX ST
PENSACOLA FL 32591
US

Mailing Address

PO BOX 13247
PENSACOLA FL 32591-3247
US

2. Principal Place of Business

92 Eglin Parkway NE
Suite, Apt. #, etc.

3. Mailing Address

P.O. Drawer 2167
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Fort Walton Beach, FL

City & State

Fort Walton Beach, FL

4. FEI Number

59-3066794

Applied For

Not Applicable

Zip

32549

Country

USA

Zip

32549

Country

USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COPELAND, TOM L
28318 N COUNTY RD 1491
ALACHUA FL 32615

7. Name and Address of New Registered Agent

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, 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

TITLE P
NAME FORD, J S
STREET ADDRESS 107 N PALAFOX ST
CITY-ST-ZIP PENSACOLA FL 32591-3247

TITLE D
NAME WARREN, ROBERT J
STREET ADDRESS 703 N MAIN ST STE C
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE D
NAME TRAPPE, STAN
STREET ADDRESS 236 MCKENCIE AVE
CITY-ST-ZIP PANAMA CITY FL 32402

TITLE D
NAME STROM, TRACY O
STREET ADDRESS 92 EGLIN PKWY NE
CITY-ST-ZIP FT WALTON BCH FL 32549

TITLE D
NAME CHANCELLOR, SHERRY
STREET ADDRESS 6050 N 9T AVE
CITY-ST-ZIP PENSACOLA FL 32504

TITLE D
NAME MINACCI, DAVID
STREET ADDRESS 515 N ADAMS ST
CITY-ST-ZIP TALLAHASSEE FL 32301

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President
NAME Strom, Tracy O.
STREET ADDRESS 92 Eglin Pkwy NE
CITY-ST-ZIP Ft Walton Bch, FL 32549

TITLE Director
NAME FORD, JS
STREET ADDRESS 107 N. Palafox St.
CITY-ST-ZIP Pensacola, FL 32591-3247

TITLE Secretary/Director
NAME Edwards, Charles
STREET ADDRESS 227 N. Bronough St, Rm 1038
CITY-ST-ZIP Tallahassee, FL 32301

TITLE Vice-President
NAME Hathaway, Kathryn
STREET ADDRESS 1105 N. Duval St.
CITY-ST-ZIP Tallahassee, FL 32303

TITLE Treasurer
NAME Copeland, Tom L
STREET ADDRESS 1025-SC N. Main St.
CITY-ST-ZIP High Springs, FL 32643

TITLE
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

2/12/01 (94) 454-5297

Date

Daytime Phone #

CR2E037 (10/00)