

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40815

1. Entity Name

THE NORTHERN DISTRICT OF FLORIDA BANKRUPTCY BAR ASSOCIATION, INC.

FILED

May 28, 2002 8:00 am  
Secretary of State

05-28-2002 91734 049 \*\*\*\*61.25

Principal Place of Business

Mailing Address

92 ELGIN PARKWAY NE  
FORT WALTON BEACH FL 32549  
US

P O BOX DRAWER 2167  
FORT WALTON BEACH FL 32549  
US

00121152



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1105 N. Duval St.

3. Mailing Address

1105 N. Duval St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-3066794

Applied For

Not Applicable

Zip

32303

Country

USA

Zip

32303

Country

USA

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 P  
NAME STROM, TRACY O  
STREET ADDRESS 92 ELGIN PKWY NE  
CITY-ST-ZIP FORT WALTON BEACH FL 32549

TITLE Director  
NAME Tom L. COPELAND  
STREET ADDRESS 28318 N. Co. Rd. 1491  
CITY-ST-ZIP Alachua, FL 32615 ☐ Change ☒ Addition

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

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

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

TITLE Vice-President  
NAME Karin Garvin  
STREET ADDRESS P.O. Box 856  
CITY-ST-ZIP Milton, FL 32572 ☐ Change ☒ Addition

TITLE VP  
NAME HATHAWAY, KATHRYN  
STREET ADDRESS 1105 N DUVAL ST  
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

TITLE Director  
NAME Michael D. Bruckman  
STREET ADDRESS 3221 NW 13th St, Suite B  
CITY-ST-ZIP Gainesville, FL 32609 ☐ Change ☒ Addition

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

TITLE Director  
NAME Tracy O. Strom  
STREET ADDRESS 92 Elgin Pkwy NE  
CITY-ST-ZIP Fort Walton Beach, FL 32549 ☒ Change ☐ Addition

TITLE D  
NAME EDWARDS, CHARLES  
STREET ADDRESS 227 N BRONOUGH ST, ROOM 1038  
CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)