

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

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90187 009 ****61.25

DOCUMENT # N40815

1. Entity Name

**THE NORTHERN DISTRICT OF FLORIDA BANKRUPTCY BAR
ASSOCIATION, INC.**



Principal Place of Business

**1105 N DUVAL STREET
TALLAHASSEE FL 32303
US**

Mailing Address

**1105 N DUVAL STREET
TALLAHASSEE FL 32303
US**

2. Principal Place of Business

3. Mailing Address

220 W. GARDEN ST 220 W. GARDEN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 805

SUITE 805

City & State

City & State

PENSACOLA, FL

PENSACOLA, FL

Zip

Country

Zip

Country

-32501-

USA

32501

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3066794**

Applied For

Not Applicable

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

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

Name

KARIN A. GARVIN

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

220 W. GARDEN ST. SUITE 805

City

PENSACOLA, FL

FL

Zip Code

32501

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

Karin A. Garvin

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/13/03

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

TITLE **D** ☐ Change ☒ Addition
NAME **KARIN A. GARYIN**
STREET ADDRESS **220 W. GARDEN ST. SUITE 805**
CITY-ST-ZIP **PENSACOLA, FL 32501**

TITLE **D** ☒ Delete
NAME **COPELAND, TOM L**
STREET ADDRESS **28318 N CO RD #1491**
CITY-ST-ZIP **ALACHUA FL 32615**

TITLE **D** ☐ Change ☒ Addition
NAME **MONICA COTHMAN**
STREET ADDRESS **1004 JENKS AVE.**
CITY-ST-ZIP **PANAMA CITY, FL 32401-2437**

TITLE **D** ☒ Delete
NAME **TRAPPE, STAN**
STREET ADDRESS **236 MCKENZIE AVE**
CITY-ST-ZIP **PANAMA CITY FL 32402**

TITLE **D** ☐ Change ☒ Addition
NAME **THOMAS G. PVE**
STREET ADDRESS **408 W. UNIVERSITY AVE., SUITE 108B**
CITY-ST-ZIP **GAINESVILLE, FL 32601-5280**

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

TITLE **P** ☐ Change ☒ Addition
NAME **SCOTT REMINGTON**
STREET ADDRESS **P.O. BOX 13010**
CITY-ST-ZIP **PENSACOLA, FL 32511-3010**

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

TITLE **D** ☐ Change ☒ Addition
NAME **MICHAEL BRUCKMAN**
STREET ADDRESS **3221 NW 13TH ST. SUITE 8**
CITY-ST-ZIP **GAINESVILLE, FL 32609-3289**

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

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:

Karin A. Garvin

5/13/03 850 - 937-5577

CR2E037 (10/02)