

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000036

1. Entity Name

THE ACADEMY OF PARLIAMENTARY PROCEDURE AND LAW,

Principal Place of Business

102 ALMOND RD
OCALA FL 34472
US

Mailing Address

102 ALMOND RD
OCALA FL 34472-8634
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

69-2195066

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

STICKELER, CARL ANN
102 ALMOND RD
OCALA FL 34472

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

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 DT ☐ Delete
NAME STICKELER, CARL ANN
STREET ADDRESS 102 ALMOND ROAD
CITY-ST-ZIP Ocala FL

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

TITLE P ☒ Delete
NAME CROWELL, NAOMI
STREET ADDRESS 17 FOLTE DR
CITY-ST-ZIP CHATTANOOGA TN

TITLE ☒ Change ☐ Addition
NAME P Reed, Maurice L
STREET ADDRESS 3875 Jamestown
CITY-ST-ZIP Springfield, OH 45502

TITLE D ☐ Delete
NAME BEARSS, MARY L
STREET ADDRESS 14225 LAKE MAGDALENE AVE
CITY-ST-ZIP TAMPA FL 33618

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

TITLE VD ☒ Delete
NAME REED, MAURICE L
STREET ADDRESS 3875 JAMESTOWN RD
CITY-ST-ZIP SPRINGFIELD OH 45502

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

TITLE D ☒ Delete
NAME WOOD, PHYLLIS
STREET ADDRESS 409 NORWOOD AVE
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE ☒ Change ☐ Addition
NAME VP/D COCHRAN, RENATTA
STREET ADDRESS 11432 Cimarron Circle W
CITY-ST-ZIP Largo, FL 34644

TITLE SD ☐ Delete
NAME DILLARD, TALLIE
STREET ADDRESS 3631 LOCKSLEY DRIVE
CITY-ST-ZIP MOUNTAIN BROOK AL 35223

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:

Signature of Tallie Dillard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2000

Date

352-624-2794

Daytime Phone #

CR2E037 (9/99)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90145 032 ****61.25

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DO NOT WRITE IN THIS SPACE