

2002
**NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90420 017 ****61.25

DOCUMENT # N95000003519
 1. Entity Name
 Brandon Bar Association, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 337 E. Robertson ST.
 Suite, Apt. #, etc.

3. Mailing Address
 337 E. Robertson ST.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Brandon, Florida

City & State
 Brandon, Florida

4. FEL Number
 593392778

Applied For
 Not Applicable

Zip
 33511

Country
 USA

Zip
 33511

Country
 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
 David Magann, Esq.

Street Address (P.O. Box Number is Not Acceptable)
 337 E. Robertson ST.

City
 Brandon FL 33511

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.

(Retaining above-named Reg. Agent)

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25 Initial or Amended UBR

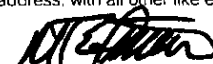
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Lansky, Glen R. 337 E. Robertson ST. Brandon, FL 33511	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Lamoureux, Heather H. 207 W. Morgan ST. Brandon, FL 33510	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Mann, Mark C. 1430 Oakfield Drive Brandon, FL 33511-4853	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Eatman, Michael T. 205 N. Parsons Ave., Suite A Brandon, FL 33510-4515	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  Michael T. Eatman, as S/D 5/07/02 (813)681-7720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #