2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # N97000002153 Sep 14, 2000 8:00 am Secretary of State 1. Entity Name SUNCOAST CHAPTER OF THE ASSOCIATION OF LEGAL ADM 09-14-2000 90013 024 ****61.25 Principal Place of Business Mailing Address P.O. BOX 2759 P.O. BOX 2759 TAMPA FL 33601-2759 TAMPA FL 33601-2759 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3444284 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Chris McDonnell Street Address (P.O. Box Number is Not Acceptable) 101 East Kennedy, Ste 3700 HANEY, R. REID 101 E. KENNEDY BLVD., STE. 4100 **TAMPA FL 33602** Zip Code 33602 Tampa 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. Chris McDonnell 09-12-00 SIGNATURE registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. After September 13, 2000 min. will be \$236.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE TITLE XX Delete BARY I SWASHERNA NAME NAME Kenneth P. Burke 101 E KENNEDY #4100 STREET ADDRESS STREET ADDRESS 8640 Seminole Blvd. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33602 Seminole, FL 33772 TITLE SD TITI F VP/D XX Addition Delete STENNER-JONES, TERESA NAME NAME Chris McDonnell STREET ADDRESS 100 2ND AVE S 4TH FLOOR STREET ADDRESS 101 E. Kennedy, Ste 3700 CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33701 <u>Tampa, FL 33602</u> XX Delete Change XX Addition TITI F TITLE Sec/D LORENZEN, NATALIE M NAME NAME Janice Kimbro STREET ADDRESS 1112 E KENNEDY BLVD STREET ADDRESS 110 E. Madison St., Ste 200 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33602** FL33602 Tampa, VPD Tres/D TITLE ☐ Change Addition TITLE X Detete Laurie Maldoff THORNTON, ANNIE NAME NAME 6200 Courtney Campbell Cswy, Ste 1100 STREET ADDRESS STREET ADDRESS 601 BAYSHORE BLVD STE 700 CITY-ST-ZIF Tampa, FL 33607 CITY-ST-7IP TAMPA FL 33606 Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:



e 09**-**12-00

727-397-5571

Date

Daytime Phone #