2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State
07-31-2001 90012 024 ****61.25

DOCUMENT # N97000002153

1. Entity Name

Suncoast Chapter of the Association of Legal Adminstrators

Principal Place of Business	Mailing Address
P.O. Box 2759 Tampa, Florida 33601-2759	Same

C0074477

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
101 E. Kennedy Boulevard	101 East Kennedy Boulevard
Suite, Apt. #, etc.: Suite 3700	Suite, Apt. #, etc.: Suite 3700
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33602 Country: USA	Zip: 33602 Country: USA

4. FEI Number: 593444284 ☐ 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
McDonnell, Chris 101 East Kennedy Boulevard Suite 4100 Tampa, Florida 33602	Name: McDonnell, Chris Street Address (P.O. Box Number is Not Acceptable): 101 East Kennedy Boulevard Suite 3700 City: Tampa **FL** Zip Code: 33602

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: C.E. McDonnell — July 16, 2001 (DATE)

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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Gary T. Swisher II 101 East Kennedy Boulevard # 4100 Tampa, Florida 33602 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP McDonnell, Chris 101 East Kennedy Boulevard, Suite 3700 Tampa, Florida 33602 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Stenner-Jones, Teresa 100 2nd Aven S, 4th Floor St. Petersburg, FL 33701 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Lovering, Doris P.O. Box 387 St. Petersburg, Florida 33701 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Lorenzen, Natalie M 1112 E. Kennedy Boulevard Tampa, Florida 33602 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Maldoff, Laurie 6200 Courtney Campbell Causeway, Ste. 1100 Tampa, Florida 33607 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Thornton, Annie 601 Bayshore Boulevard, Ste. 700 Tampa, Florida 33606 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Hague, Carol P.O. Box 1368 Clearwater, Florida 34617 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/00)

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: C.E. McDonnell — C.E. McDONNELL — July 16, 2001 — (813) 221-3900

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