2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State
02-05-2002 90075 048 ****61.25

DOCUMENT # N97000002153

1. Entity Name

SUNCOAST CHAPTER OF THE ASSOCIATION OF LEGAL ADM INISTRATORS, INC.

Principal Place of Business	Mailing Address
101 EAST KENNEDY BOULEVARD 3700 TAMPA FL 33602	101 EAST KENNEDY BOULEVARD 3700 TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
911 CHESTNUT ST	P.O. BOX 1368
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CLEARWATER FL	City & State: CLEARWATER FL
Zip: 33756 Country: U.S.	Zip: 33759 Country: U.S.

4. FEI Number: 59-3444284 ☐ 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 3700 TAMPA FL 33602	Name: CAROL HAGUE Street Address (P.O. Box Number is Not Acceptable): 911 CHESTNUT ST City: CLEARWATER FL Zip Code: 33756

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] 01-17-02

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MCDONNELL, CHRIS 101 EAST KENNEDY BOULEVARD #3700 TAMPA FL 33602	☐ Delete	VPD McDONNELL, CHRIS	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LOVERING, DORIS PO BOX 387 SAINT PETERSBURG FL 33701	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MALDOFF, LAURIE 6200 COURTNEY CAMPBELL CSWY. #1100 TAMPA FL 33607	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HAGUE, CAROL PO BOX 1368 CLEARWATER FL 34617	☐ Delete	PD HAGUE, CAROL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] CHRISTINE E. McDONNELL 1/10/02 813-227-8403

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