2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State
02-21-2003 90216 022 ****61.25

DOCUMENT # N97000002153

1. Entity Name

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

Principal Place of Business	Mailing Address
911 CHESTNUT STREET CLEARWATER FL 33756 US	P O BOX 1368 CLEARWATER FL 33757 US

☐ CHECK HERE IF MAKING CHANGES

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 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
HAGUE, CAROL 911 CHESTNUT STREET CLEARWATER FL 33756	Name: SHARON ELLWOOD Street Address (P.O. Box Number is Not Acceptable): Trenam Kemker 101 E Kennedy Blvd, Suite 2700 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Sharon Ellwood Sharon Ellwood 2/17/03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MCDONNELL, CHRIS 101 EAST KENNEDY BOULEVARD #3700 TAMPA FL 33602	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President 04/01/03 D Sharon Ellwood 101 E. Kennedy Blvd, Suite 2700 Tampa, FL 33602 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LOVERING, DORIS PO BOX 387 SAINT PETERSBURG FL 33701	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP 04/01/03 D Frances E. (Beth) Novak Hillsborough County PO Box 1110, Tampa, FL 33601 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MALDOFF, LAURIE 6200 COURTNEY CAMPBELL CSWY. #1100 TAMPA FL 33607	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAGUE, CAROL thru 03/31/03 PO BOX 1368 CLEARWATER FL 34617	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Past President, VP D Carol Hague 04/01/03 PO Box 1368 Clearwater, FL 33757 ☑ 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 (10/02)

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: Sharon Ellwood President 13 Feb 2003 727.461.1818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #