## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 21, 2002 8:00 am Secretary of State DOCUMENT # N9700006868 1. Entity Name 04-21-2002 90866 038 \*\*\*\*61.25 NATIONAL EMPLOYMENT LAWYERS ASSOCIATION (FLORIDA CHAPTER), INC. Principal Place of Business Mailing Address C/O WALTER E. AYE. ESO. C/O WALTER E. AYE. ESQ. 610 W AZEELE ST 610 W AZEELE ST TAMPA FL 33606 TAMPA FL 33606 Principal Place of Business athering DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3545325 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent \_Name AYE, WALTER E C/O WALTER E. AYE, ESQ. 610 W AZEELE ST TAMPA FL 33606 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 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition TITLE ☐ Delete TITLE JOHNSON, RICHARDSON E NAME NAME STREET ADDRESS 314 W JEFFERSON STREET STREET ADDRESS TALLAHASSEE FL 32306 CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE AYE, WALTER E NAME NAME 610 W AZEELE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33606 CITY-ST-ZIP ☐ Change - - ☐ Addition ☐ TITLE TITLE ☐ Delete SASS, CYNTHIA NAME NAME 100 S ASHLEY DR, #1180 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33602 CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE

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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

Change

☐ Addition