

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91897 019 \*\*\*\*61.25

0044010

DOCUMENT # **N97000006868**

1. Entity Name  
**NATIONAL EMPLOYMENT LAWYERS ASSOCIATION (FLORIDA CHAPTER), INC.**



Principal Place of Business Mailing Address  
~~C/O CATHERINE AKYERS~~ Archibald Thomas ~~C/O CATHERINE AKYERS~~ Archibald Thomas  
**3818 AZEELA STREET** **3818 AZEELA STREET**  
**TAMPA FL 33609** **TAMPA FL 33609**

2. Principal Place of Business 3. Mailing Address  
**1301 Riverplace Blvd.** **1301 Riverplace Blvd.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Suite 1640** **Suite 1640**  
 City & State City & State  
**Jacksonville, FL** **Jacksonville, FL**

Zip Country Zip Country  
**32207 USA** **32207 USA**

4. FEI Number **59-3545325** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**AKYERS, CATHERINE**  
**3818 AZEELA STREET**  
**TAMPA FL 33609**

7. Name and Address of New Registered Agent  
 Name **Archibald THOMAS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1301 Riverplace Blvd.**  
**Suite 1640**  
 City **Jacksonville** FL Zip Code **32207**

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 DATE **4/30/03**  
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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>JOHNSON, RICHARDSON E</b>
STREET ADDRESS	<b>314 W JEFFERSON STREET</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32306</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>AYE, WALTER E</b>
STREET ADDRESS	<b>610 W AZEELA STREET</b>
CITY-ST-ZIP	<b>TAMPA FL 33606</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>SASS, CYNTHIA</b>
STREET ADDRESS	<b>100 S ASHLEY DR, #1180</b>
CITY-ST-ZIP	<b>TAMPA FL 33602</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>I</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>THOMAS, Archibald</b>
STREET ADDRESS	<b>1301 Riverplace Blvd, Ste 1640</b>
CITY-ST-ZIP	<b>Jacksonville, FL 32207</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Longorra, Margurite</b>
STREET ADDRESS	<b>442 West Kennedy Blvd, Ste 300</b>
CITY-ST-ZIP	<b>Tampa, FL 33606</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: **4/30/03** **9043962322**

CR2E037 (10/02)