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

FILED
Apr 02, 2003 8:00 am
Secretary of State
04-02-2003 90080 026 ****61.25

DOCUMENT # N98000000254

1. Entity Name

FLORIDA ASSOCIATION OF LEGAL SUPPORT SPECIALISTS , INC.

Principal Place of Business	Mailing Address
2062 SUN TREE CIR NORTH CLEARWATER FL 33763	C/O GAYLE L. BRISKE 2062 SUN TREE CIR NORTH CLEARWATER FL 33763

☐ 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 59-3489193 ☐ 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
COAD, BARBARA J 802 CARVELL DRIVE WINTER PARK FL 32792	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
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	D ROSE, JANE 836 SAVANNAH FALLS DR. WESTON FL 33327	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Jean C. McCarter 1816-A Fernando Drive Tallahassee, FL 32303	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BATCHOLDER, SUSAN M PLS 6997 - 62ND AVENUE NORTH PINELLAS PARK FL 33781	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Deborah R. Woodson 819 Cedarcrest Court Sarasota, FL 34232	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TARMAN, E. JEAN 11105 FERNWAY LANE DADE CITY FL 33525	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED TARMAN, E. JEAN 5750 Windtree Drive Zephyrhills, FL 33541	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CAVALLARO, BARBARA 20812 BANTUMS ROOST ESTERO FL 33928	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Robert R. Anderson 121 S. Brett Street Crestview, FL 32539	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BAKER, TRUDIE R ALS CLA 27683 SULFRIDGE DRIVE BONITA SPRINGS FL 34135	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Gayle L. Briske 2062 Sun Tree Circle North Clearwater, FL 33763	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED WATERS, DEBORAH L 1630 COQUINA DRIVE MERRITT ISLAND FL 32952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WATERS, DEBORAH L. 1630 Coquina Drive Merritt, Island, FL 32952	☒ 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: [signature] REQUIRED GAYLE L. BRISKE 3/28/03 727-799-4880