

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001380

1. Entity Name

LAWYERS ACTION, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90109 016 \*\*\*\*70.00

Principal Place of Business	Mailing Address
215 S. MONROE ST SUITE 600 TALLAHASSEE FL 32301 US	P.O. BOX 2052 TALLAHASSEE FL 32316-2052 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		P.O. Box 20252	
City & State		Tallahassee, FL	
Zip	Country	Zip	Country
32316	US	32316	LEON



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3557621	Not Applicable

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

6. Name and Address of Current Registered Agent
MCFARLAIN, RICHARD C 215 S. MONROE STREET SUITE 600 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
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.

SIGNATURE	DATE
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LILES, RUTLEDGE R 225 WATER STREET, STE 1500 JACKSONVILLE FL 32202-5148 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC YOUNG, BURTON 17071 DIXIE HIGHWAY N. MIAMI BEACH FL 33160-3765 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCFARLAIN, RICHARD C 215 S. MONROE STREET, #600 TALLAHASSEE FL 32301 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANDON, JACK P P.O. BOX 1079 LAKE WALES FL 33859-1079 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COKER, HOWARD C P.O. BOX 1860 JACKSONVILLE FL 32201-1860 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNN, EDGAR M JR P.O. BOX 2600 DAYTONA BEACH FL 32115 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>[Signature]</i>	1-10-2000	850-222-2107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CR2E037 (9/99)