

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90056 037 \*\*\*\*\*70.00

**DOCUMENT # N98000001380**

1. Entity Name

**LAWYERS ACTION, INC.**

Principal Place of Business

Mailing Address

215 S. MONROE ST  
 SUITE 600  
 TALLAHASSEE FL 32301  
 US

P.O. BOX 20252  
 TALLAHASSEE FL 32316-2052  
 US

2. Principal Place of Business

3. Mailing Address

2940 Parrish Dr  
 Suite, Apt. #, etc.  
 Tallahassee, FL

2940 Parrish Dr  
 Suite, Apt. #, etc.

City & State

City & State

32309

Tallahassee, FL

Zip

Country

USA

Zip

Country

32309

4. FEI Number

59-3557621

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCNEELY, ROBERT A  
 215 S. MONROE STREET  
 SUITE 600  
 TALLAHASSEE FL 32301

Name: **RUTLEDGE R. LILES**  
 Street Address (P.O. Box Number is Not Acceptable)  
**225 WATER ST, STE 1500**  
 City: **JACKSONVILLE** FL Zip Code: **32202**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/18/02

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **C** ☐ Delete  
 NAME: **LILES, RUTLEDGE R**  
 STREET ADDRESS: **225 WATER STREET, STE 1500**  
 CITY-ST-ZIP: **JACKSONVILLE FL 32202-5148**

TITLE: ☐ Change ☐ Addition  
 NAME: ☐ Change ☐ Addition  
 STREET ADDRESS: ☐ Change ☐ Addition  
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **VC** ☐ Delete  
 NAME: **YOUNG, BURTON**  
 STREET ADDRESS: **17071 DIXIE HIGHWAY**  
 CITY-ST-ZIP: **N. MIAMI BEACH FL 33160-3765**

TITLE: ☐ Change ☐ Addition  
 NAME: ☐ Change ☐ Addition  
 STREET ADDRESS: ☐ Change ☐ Addition  
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **ST** ☒ Delete  
 NAME: **MCNEELY, ROBERT A**  
 STREET ADDRESS: **215 S. MONROE STREET, #600**  
 CITY-ST-ZIP: **TALLAHASSEE FL 32301**

TITLE: ☐ Change ☐ Addition  
 NAME: ☐ Change ☐ Addition  
 STREET ADDRESS: ☐ Change ☐ Addition  
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **D** ☐ Delete  
 NAME: **BRANDON, JACK P**  
 STREET ADDRESS: **P.O. BOX 1079**  
 CITY-ST-ZIP: **LAKE WALES FL 33859-1079**

TITLE: ☐ Change ☐ Addition  
 NAME: ☐ Change ☐ Addition  
 STREET ADDRESS: ☐ Change ☐ Addition  
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **D** ☐ Delete  
 NAME: **COKER, HOWARD C**  
 STREET ADDRESS: **P.O. BOX 1860**  
 CITY-ST-ZIP: **JACKSONVILLE FL 32201-1860**

TITLE: ☐ Change ☐ Addition  
 NAME: ☐ Change ☐ Addition  
 STREET ADDRESS: ☐ Change ☐ Addition  
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **D** ☒ Delete  
 NAME: **DUNN, EDGAR M JR**  
 STREET ADDRESS: **P.O. BOX 2600**  
 CITY-ST-ZIP: **DAYTONA BEACH FL 32115**

TITLE: ☐ Change ☐ Addition  
 NAME: ☐ Change ☐ Addition  
 STREET ADDRESS: ☐ Change ☐ Addition  
 CITY-ST-ZIP: ☐ Change ☐ 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-2002 850-893-0037

Date

Daytime Phone #

CR2E037 (9/01)