

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004969

1. Entity Name

LEGAL ADMINISTRATORS ASSOCIATION OF TALLAHASSEE.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90073 042 \*\*\*\*61.25

Principal Place of Business

Mailing Address

106 E. COLLEGE AVE.,STE.900  
TALLAHASSEE FL 32301

106 E. COLLEGE AVE.,STE.900  
TALLAHASSEE FL 32301-7732

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3530266

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CAPPS, CORINNE  
106 E. COLLEGE AVE.,STE.900  
TALLAHASSEE FL 32301

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

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**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME TATE, SANDRA  
STREET ADDRESS 3375-A CAPITAL CIR NE BLDG A  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE PPD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME FRICK, JENNIFER  
STREET ADDRESS 3375-A CAPITAL CIR NE BLDG A  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☒ Delete  
NAME IGLER, CHERYL  
STREET ADDRESS 215 S MONROE ST STE 500  
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE VD ☐ Change ☒ Addition  
NAME Kathy Lindsay  
STREET ADDRESS 315 Calhoun St  
CITY-ST-ZIP Tallahassee FL 32301

TITLE PPD ☒ Delete  
NAME CAPPS, CORINNE  
STREET ADDRESS 106 E COLLEGE AVE STE 900  
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE S ☐ Change ☒ Addition  
NAME Marilyn Holland  
STREET ADDRESS 110 East Park Ave  
CITY-ST-ZIP Tallahassee FL 32301

TITLE D ☒ Delete  
NAME ORGAN, TONYA  
STREET ADDRESS 211 E CALL ST  
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE PD ☐ Change ☒ Addition  
NAME Elizabeth Davis  
STREET ADDRESS 215 S. Monroe St 8th Floor  
CITY-ST-ZIP Tallahassee, FL 32301

TITLE T ☐ Delete  
NAME GRAHAM, BEA  
STREET ADDRESS 851 E PARK AVE  
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ Change ☐ 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:

*Bea Graham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00  
Date

224-2000  
Daytime Phone #

CR2E037 (9/99)