9/12/01-90158-006-$61.25-$61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004969

1. Entity Name

LEGAL ADMINISTRATORS ASSOCIATIONSOF TALLAHASSEE

FILED
01 SEP 19 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
B00064946

Principal Place of Business	Mailing Address
851 E. Park Avenue Tallahassee, Fl 32301	851 E. Park Avenue Tallahassee, Fl 32301

DO NOT WRITE IN THIS SPACE

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 59-3530266 (59-3530266) ☐ 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
Capps, Corinne 1983 Centre Pointe Blvd., Suite 200 Tallahassee, FL 32308	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Tate, Sandra 3375-A Capital Cir NE Bldg.A Tallahassee, Fl 32308	XX Delete	PD Lindsay, Kathy E. 1500 Mahan Dr. #200 Tallahassee, Fl 32308	XX Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Frick, Jennifer 3375-A Capital Cir NE Bldg.A Tallahassee, Fl 32308	XX Delete	PPDis. Elizabeth Davis, Elizabeth 215 S. Monroe St., 8th Floor Tallahassee, Fl 32301	XX Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Graham, Beatriz H. 851 E. Park Ave. Tallahassee, Fl 32301	☐ Delete	VP[illegible] Holland, Marilyn 111 N. Adams St., 3rd Floor Tallahassee, Fl 32301	XX Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	Sathi Bari Kilbourn, Samantha 863 E. Park Ave. Tallahassee, Fl 32301	☐ Change	XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D Barineau, Cathi 2010 Delta Blvd. Tallahassee, Fl 32303	☐ Change	XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D Hough, Nancy 820 E. Park Ave. Tallahassee, Fl 32301	☐ Change	XX Addition

CR2E037 (11/00)

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: Beatriz H. Graham 9/10/01 (850)224-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #