

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

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90175 002 ****61.25

DOCUMENT # N98000004969

1. Entity Name

LEGAL ADMINISTRATORS ASSOCIATION OF TALLAHASSEE, INC.



Principal Place of Business

**851 E. PARK AVENUE
TALLAHASSEE FL 32301**

Mailing Address

**851 E. PARK AVENUE
TALLAHASSEE FL 32301**

2. Principal Place of Business

2010 Delta Blvd.

3. Mailing Address

P.O. Box 4128

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip
32303

Country
USA

Zip

32315-4128

Country
USA

4. FEI Number **59-3530266**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CAPPS, CORINNE
1983 CENTRE POINTE., SUITE 200
TALLAHASSEE FL 32308**

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. 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

TITLE **PD** ☒ Delete
NAME **LINDSAY, KATHY, K**
STREET ADDRESS **1500 MAHAN DR #200**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **PPD** ☒ Delete
NAME **DAVIS, ELIZABETH**
STREET ADDRESS **215 S. MONROE STREET., 8TH FLOOR**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **VP** ☒ Delete
NAME **HOLLAND, MARILYN**
STREET ADDRESS **111 N. ADAMS STREET, 3RD FLOOR**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **S** ☒ Delete
NAME **KILBOURN, SAMANTHA**
STREET ADDRESS **863 E. PARK AVE**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **D** ☒ Delete
NAME **BARINEAU, CATHI**
STREET ADDRESS **2010 DELTA BLVD.**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **D** ☒ Delete
NAME **HOUGH, NANCY**
STREET ADDRESS **820 E. PARK AVE**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition
NAME **HOLLAND, MARILYN**
STREET ADDRESS **111 N. Adams Street, 3rd Floor**
CITY-ST-ZIP **Tallahassee, FL 32301**

TITLE **PPD** ☐ Change ☒ Addition
NAME **LINDSAY, KATHY K.**
STREET ADDRESS **1500 Mahan Drive, #200**
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE **VP** ☐ Change ☒ Addition
NAME **KILBOURN, SAMANTHA**
STREET ADDRESS **863 E. Park Avenue**
CITY-ST-ZIP **Tallahassee, FL 32301**

TITLE **S** ☐ Change ☒ Addition
NAME **HOUGH, NANCY**
STREET ADDRESS **820 E. Park Avenue**
CITY-ST-ZIP **Tallahassee, FL 32301**

TITLE **T** ☐ Change ☒ Addition
NAME **BARINEAU, CATHI M.**
STREET ADDRESS **2010 Delta Boulevard**
CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE **D** ☐ Change ☒ Addition
NAME **MOODY, SHARON**
STREET ADDRESS **301 S. Bronough St., 5th Floor**
CITY-ST-ZIP **Tallahassee, FL 32301**

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

Cathi M. Barineau

CATHI M. BARINEAU

4-16-03

850-386-3300

CR2E037 (10/02)