

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90164 022 \*\*\*\*61.25

**DOCUMENT # N97000004041**

1. Entity Name

**NATIONAL LAWYERS ASSOCIATION FOUNDATION, INC.**

Principal Place of Business

Mailing Address

SPENCER & KLEIN, P.A.  
 1100 MAIN ST. STE 1600  
 KANSAS CITY MO 64105

SPENCER & KLEIN, P.A.  
 P.O. BOX CITY CENTER  
 KANSAS CITY MO 64196

DUU16379



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1100 Main St.

P.O. Box 26005

Suite, Apt. #, etc.  
 #1600

Suite, Apt. #, etc.  
 City Center Square

City & State  
 Kansas City MO 64105

City & State  
 Kansas City MO 64196

4. FEI Number  
 65-0823679

Applied For  
 Not Applicable

Zip  
 64105

Country  
 US

Zip  
 64196

Country  
 US

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

SPENCER, THOMAS R JR  
 SPENCER & KLEIN, P.A.  
 801 BRICKELL AVENUE SUITE 801  
 MIAMI FL 33131

Name  
 Street Address (P.O. Box Number is)  
 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  Delete  
 NAME **D**  
**MANDINA, MARIO**  
 STREET ADDRESS **NLA, CITY CENTER SQ. P.O. BOX 26005**  
 CITY-ST-ZIP **KANSAS CITY MO 64196**

TITLE  Change  Add  
 NAME **Prof. Robert Mateer**  
 STREET ADDRESS **CEBA**  
 CITY-ST-ZIP **P.O. Box 11471**

TITLE  Delete  
 NAME **D**  
**CANNADA, ROBERT C**  
 STREET ADDRESS **210 E CAPITOL ST, 17TH FLOOR**  
 CITY-ST-ZIP **JACKSON MS 39225-2567**

TITLE  Change  Add  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **Lynchburg, VA 24506**

TITLE  Delete  
 NAME **D**  
**SPENCER, THOMAS R JR**  
 STREET ADDRESS **801 BRICKELL AVE STE 1901**  
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE  Change  Add  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
**CURRIE, EDWARD**  
 STREET ADDRESS **P.O. BOX 750**  
 CITY-ST-ZIP **JACKSON MS**

TITLE  Change  Add  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Add  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Add  
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #