

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90087 037 \*\*\*\*61.25

**DOCUMENT # N97000004041**

1. Entity Name

**NATIONAL LAWYERS ASSOCIATION FOUNDATION, INC.**

Principal Place of Business

1100 MAIN ST  
 #1600  
 KANSAS CITY MO 64105  
 US

Mailing Address

1100 MAIN ST  
 #1600  
 KANSAS CITY MO 64105  
 US

2. Principal Place of Business

17201 E. 40 HWAY  
 Suite, Apt. #, etc.  
 207

3. Mailing Address

17201 E 40 HWAY  
 Suite, Apt. #, etc.  
 207

City & State  
 INDEPENDENCE MO

City & State  
 INDEPENDENCE MO

Zip  
 64055

Country  
 USA

Zip  
 64055

Country  
 USA

4. FEI Number **65-0823679**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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.

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MANDINA, MARIO</b>	
STREET ADDRESS	<b>NLA, CITY CENTER SQ. P.O. BOX 26005</b>	
CITY-ST-ZIP	<b>KANSAS CITY MO 64196</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CANNADA, ROBERT C</b>	
STREET ADDRESS	<b>210 E CAPITOL ST, 17TH FLOOR</b>	
CITY-ST-ZIP	<b>JACKSON MS 39225-2567</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CURRIE, EDWARD</b>	
STREET ADDRESS	<b>P.O. BOX 750</b>	
CITY-ST-ZIP	<b>JACKSON MS</b>	
TITLE	<b>CEBA</b>	<input type="checkbox"/> Delete
NAME	<b>MATEER, ROBERT</b>	
STREET ADDRESS	<b>P.O. BOX 11471</b>	
CITY-ST-ZIP	<b>LYNCHBURG VA 24506</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*MARIO MANDINA*  
**MARIO MANDINA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/02 1-800-471-2994  
 Date Daytime Phone #

CR2E037 (9/01)