

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705066

1. Entity Name

BROWARD COUNTY BAR ASSOCIATION

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90009 007 ****61.25

Principal Place of Business

1051 SE THIRD AVE.
 FORT LAUDERDALE FL 33316

Mailing Address

1051 SE THIRD AVE.
 FORT LAUDERDALE FLA 33316-1107

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1036561

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WHITE, CYNTHIA R.
1051 SE 3RD AVE
FT. LAUDERDALE FL 33316

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **WICH, DONALD A. JR**
 STREET ADDRESS **2400 E COMMERCIAL BLVD, STE 620**
 CITY-ST-ZIP **FT LAUDERDALE F**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PE** Delete
 NAME **MARK F BUTLER**
 STREET ADDRESS **4601 SHERIDAN ST STE 505**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **P** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **TYNAN, KEVIN P**
 STREET ADDRESS **5900 N ANDREWS AVE STE 835**
 CITY-ST-ZIP **FT LAUDERDALE FL 33309**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **FUTCH LYNN**
 STREET ADDRESS **2601 W BROWARDN BLVD**
 CITY-ST-ZIP **FT LAUDERDALE FL 33312**

TITLE **D** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **ZIPPAY, CATHERINE W**
 STREET ADDRESS **1401 UNIVERSITY DR STE 301**
 CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **DEBORAH POORE KNIGHT**
 STREET ADDRESS **707 SE 3RD AVE 3RD FLOOR**
 CITY-ST-ZIP **FT LAUDERDALE FL 33316**

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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)