

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-07-2000 90009 023 ****61.25

DOCUMENT # 713360

1. Entity Name

BROWARD COUNTY TRIAL LAWYERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

200 S.E. 9TH STREET
 FT. LAUDERDALE FL 33316
 US

P.O. BOX 2357
 FT. LAUDERDALE FL 33303-2357
 US

2. Principal Place of Business

3. Mailing Address

700 SE 3RD Ave
 Suite, Apt. #, etc.
 100

700 SE 3RD Ave
 Suite, Apt. #, etc.
 100

City & State
 Ft. Lauderdale, FL.

City & State
 Ft. Lauderdale, FL

Zip
 33316

Country
 U.S.

Zip
 33316

Country
 U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2249854

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

WEISSING, MATTHEW D
 200 S.E. 9TH STREET
 FT. LAUDERDALE FL 33316

Name JOSEPH J. SLAMA
 Street Address (P.O. Box Number is Not Acceptable)
700 SE 3RD AVE
SUITE 100
 City FT. LAUDERDALE **FL** Zip Code 33316

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	SD HAURY, WILLIAM W JR 4875 N FEDERAL HWY, 10TH FT LAUDERDALE FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISSING, MATTHEW D 200 SE 9TH ST. FT. LAUDERDALE FL 33316	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SLAMA, JOSEPH J 700 SE 3RD AVE., STE. 100 FT. LAUDERDALE FL 33316	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, GARY M 327 PLAZA REAL, SUITE 215 BOCA RATON FL 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL ADLER 750 SE 3RD AVENUE #200 FT. LAUDERDALE, FL 33316	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL S. ADLER 750 SE 3RD AVE #200 FT. LAUDERDALE FL 33316	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X SIGNATURE OF REGISTERED AGENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH Slama
954-763 8181

Date

24 April 00

Daytime Phone #

CR2E037 (9/99)