

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 200 S.E. 9TH STREET FT. LAUDERDALE FL 33316 US	Mailing Address P.O. BOX 2357 FT. LAUDERDALE FL 33303-2357 US
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2. Principal Place of Business 700 SE 3 RD Ave	3. Mailing Address 700 SE 3 RD Ave
Suite, Apt. #, etc. 100	Suite, Apt. #, etc. 100
City & State FT. LAUDERDALE, FL.	City & State FT. LAUDERDALE, FL
Zip 33316	Country U.S.



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
WEISSING, MATTHEW D
 200 S.E. 9TH STREET
 FT. LAUDERDALE FL 33316

4. FEI Number **59-2249854** Applied For Not Applicable

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

7. Name and Address of New Registered Agent
 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]* DATE **4/24/00**

Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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: *[Signature]* **JOSEPH Slama** **24 April 00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **954-7638181** Date Daytime Phone #

CR2E037 (9/99)