

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 06, 2002 8:00 am**  
**Secretary of State**

08-06-2002 90278 030 \*\*\*\*61.25

**DOCUMENT # 713360**

1. Entity Name

**BROWARD COUNTY TRIAL LAWYERS ASSOCIATION, INC.**

Principal Place of Business

700 SE 3RD AVE  
 100  
 FT. LAUDERDALE FL 33316  
 US

Mailing Address

700 SE 3RD AVE  
 100  
 FT. LAUDERDALE FL 33316  
 US

2. Principal Place of Business

3. Mailing Address

**8211 W. BROWARD BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**420**

City & State

City & State  
**PLANTATION, FL.**

4. FEI Number

**59-2249854**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33324**

**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

**SLAMA, JOSEPH J**  
**700 SE 300 AVE**  
**STE 100**  
**FT. LAUDERDALE FL 33316**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,**  
**min. will be \$236.25.**

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 PD  Delete  
 NAME HAURY, WILLIAM W JR  
 STREET ADDRESS 4875 W FEDERAL HWY, 10TH FL  
 CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE SD  Delete  
 NAME ADLER, RUSSELL S  
 STREET ADDRESS 750 SE 3RD AVE, #300  
 CITY-ST-ZIP FORT LAUDERDALE FL 33316

TITLE VD  Change  Addition  
 NAME ADLER, RUSSELL S  
 STREET ADDRESS 750 SE 3RD AVE # 300  
 CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE VD  Delete  
 NAME COHEN, GARY M  
 STREET ADDRESS 327 PLAZA REAL, SUITE 215  
 CITY-ST-ZIP BOCA RATON FL 33432

TITLE PD  Change  Addition  
 NAME COHEN, GARY M.  
 STREET ADDRESS 327 PLAZA REAL, SUITE # 215  
 CITY-ST-ZIP BOCA RATON, FL 33432

TITLE D  Delete  
 NAME WINSTON, BRADLEY  
 STREET ADDRESS 8271 W BROWARD BLVD  
 CITY-ST-ZIP PLANTATION FL 33324

TITLE S/D  Change  Addition  
 NAME WINSTON, BRADLEY  
 STREET ADDRESS 8211 W. BROWARD BLVD # 420  
 CITY-ST-ZIP PLANTATION, FL. 33324

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 lines empowered.

SIGNATURE: **SIGNATURE REQUIRED**

**7-30-02**

**954-475-9666**

CR2E037 (4/02)