

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90069 001 ****61.25

DOCUMENT # 754666

1. Entity Name

**FLORIDA COUNCIL OF BAR ASSOCIATION PRESIDENTS, I
NC.**



Principal Place of Business

Mailing Address

% JOHN F. HARKNESS, JR.
650 APALACHEE PARKWAY
TALLAHASSEE FL 32399-2300

% JOHN F. HARKNESS, JR.
650 APALACHEE PARKWAY
TALLAHASSEE FL 32399-2300

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2144713**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, TOYCA D
THE FLORIDA BAR
650 APALACHEE PKWY
TALLAHASSEE FL 32399-2300**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **BEAM, DOUG**
STREET ADDRESS **PO BOX 640 25 W NEW HAVEN AVE STE C**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HUME, HAROLD "BUDDY"**
STREET ADDRESS **1715 MONROE ST**
CITY-ST-ZIP **FT MYERS FL**

TITLE ☐ Change ☐ Addition
NAME **Treasurer**
STREET ADDRESS **Georgette Sosa Douglass**
CITY-ST-ZIP **320 SE 9 St.
FT. Lauderdale, FL 33316-1128**

TITLE **TD** ☐ Delete
NAME **KLAYMAN, GRETCHEN K**
STREET ADDRESS **33 SUNTREE PLACE, SUITE D**
CITY-ST-ZIP **MELBOURNE FL 32940-7689**

TITLE ☐ Change ☐ Addition
NAME **President - Elect**
STREET ADDRESS **10 Suntree Place**
CITY-ST-ZIP **Melbourne, FL 32940**

TITLE **PD** ☐ Delete
NAME **KUEHNE, BENEDICT**
STREET ADDRESS **100 SE 2ND ST, SUITE 3550**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☒ Addition
NAME **SECRETARY**
STREET ADDRESS **VENE M. HAMILTON**
CITY-ST-ZIP **269 N. UNIVERSITY DRIVE
PEMBROKE PINES FL 33024**

TITLE **D** ☐ Delete
NAME **PRITT, BOB**
STREET ADDRESS **800 DUNLOP RD**
CITY-ST-ZIP **SANIBEL FL 33957**

TITLE ☐ Change ☐ Addition
NAME **Director**
STREET ADDRESS **Kathy J. Maus**
CITY-ST-ZIP **3520 Thomasville Rd. #102
Tallahassee, FL 32309**

TITLE **PED** ☐ Delete
NAME **FIELDS, PRESTON J**
STREET ADDRESS **7711 N MILITARY TRAIL, SUITE 100B**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410-6423**

TITLE ☐ Change ☐ Addition
NAME **President / Director**
STREET ADDRESS **11211 Prosperity Farms Road, Suite 301C**
CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

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 REQUIRED
Preston J. Fields President 1/15/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)