

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759824

1. Entity Name

BANKRUPTCY BAR ASSOCIATION OF THE SOUTHERN DISTRICT

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

05-07-2000 90035 004 ****61.25

Principal Place of Business 200 S. BISCAYNE BLVD. 2420 9130 South MIAMI FL 33131 US	Mailing Address 200 S. BISCAYNE BLVD. 2420 MIAMI FL 33131-2329 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9130 South Dadeland Blvd.	3. Mailing Address 9130 South Dadeland Blvd.
Suite, Apt. #, etc. # 1225	Suite, Apt. #, etc. # 1225
City & State miami, Florida	City & State miami Florida
Zip 33156-7849	Country USA

4. FEI Number 59-2119401	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~MORGENSTERN, MEL ESQ.
SEMET, LICKSTEIN, MORGENSTERN, ET AL
201 ALHAMBRA CIRCLE, SUITE 1200
CORAL GABLES FL 33134~~

7. Name and Address of New Registered Agent

Name: **Laurel M. Isicoff**
Street Address (P.O. Box Number is Not Acceptable):
**200 South Biscayne Blvd
2800**
City: **miami** FL Zip Code: **33131**

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: *Laurel M. Isicoff* 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 **add 7/1/00**

TITLE P	<input checked="" type="checkbox"/> Delete
NAME DAY, ALLISON R	
STREET ADDRESS 201 S BISCAYNE BLVD	
CITY-ST-ZIP MIAMI FL 33131	
TITLE D	<input type="checkbox"/> Delete
NAME EATON, JOHN	
STREET ADDRESS 200 SOUTH BISCAYNE BLVD, STE 2850	
CITY-ST-ZIP MIAMI FL 33131	
TITLE VP	<input type="checkbox"/> Delete
NAME SCHILLER, LISA	
STREET ADDRESS 848 BRICKELL AVE #1100	
CITY-ST-ZIP MIAMI FL 33131	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME RYAN, D. JEAN	
STREET ADDRESS 444 BRICKELL AVENUE, STE 700	
CITY-ST-ZIP MIAMI FL 33131	
TITLE D	<input type="checkbox"/> Delete
NAME REDMOND, PATRICIA	
STREET ADDRESS 150 WEST FLAGLER STREET, STE 2200	
CITY-ST-ZIP MIAMI FL 33130	
TITLE VP	<input checked="" type="checkbox"/> Delete
NAME ISICOFF, LAUREL	
STREET ADDRESS 200 SOUTH BISCAYNE BOULEVARD, STE 2850	
CITY-ST-ZIP MIAMI FL 33131	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Thomas Messana	
STREET ADDRESS 9130 So. Dadeland Blvd #1225	
CITY-ST-ZIP Miami Florida 33156	
TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Michael S. Budwick	
STREET ADDRESS 200 S. Biscayne Blvd # 2420	
CITY-ST-ZIP Miami Fl. 33131	
TITLE President-Elect	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Jerry Markowitz	
STREET ADDRESS 9130 South Dadeland Blvd # 1225	
CITY-ST-ZIP Miami Fl. 33156	
TITLE John Hutton, V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS 1221 Brickell Avenue	
CITY-ST-ZIP Miami Fl. 33131	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Laurel M. Isicoff* DATE: **4/23/00** P. No. **305-372-1800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)