

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

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90130 012 \*\*\*\*61.25

**DOCUMENT # N01000001858**

1. Entity Name  
**ACADEMY OF FLORIDA MANAGEMENT ATTORNEYS, INC.**



Principal Place of Business  
**SUITE 2300, ONE FINANCIAL PLAZA  
FORT LAUDERDALE FL 33394**

Mailing Address  
**SUITE 2300, ONE FINANCIAL PLAZA  
FORT LAUDERDALE FL 33394**

2. Principal Place of Business  
**450 E. Las Olas Blvd**

3. Mailing Address  
**450 E. Las Olas Blvd**

Suite, Apt. #, etc.  
**Suite: 800**

Suite, Apt. #, etc.  
**Suite: 800**

City & State  
**Ft. Lauderdale, FL**

City & State  
**Ft. Lauderdale, FL**

Zip  
**33301**

Country  
**USA**

Zip  
**33301**

Country  
**USA**

4. FEI Number **65-1106067**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CAULKINS, CHARLES S  
SUITE 2300, ONE FINANCIAL PLAZA  
FORT LAUDERDALE FL 33394**

7. Name and Address of New Registered Agent

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]*  
Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered agent signature required when reinstating)

**Charles Caulkins, Director**

DATE **2/25/03**

**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ZINOBER, PETER W</b>	
STREET ADDRESS	<b>P.O. BOX 1378</b>	
CITY-ST-ZIP	<b>TAMPA FL 33601-1378</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CAULKINS, CHARLES S</b>	
STREET ADDRESS	<b>SUITE 2300, ONE FINANCIAL PLAZA</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33394</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FARMER, GUY O</b>	
STREET ADDRESS	<b>200 LAURA STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32202</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>450 East Las Olas Blvd, #800</b>	
CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33301</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *[Signature]*  
Signature, typed or printed name of signing officer or director  
**Charles Caulkins, Director** **2/25/03** **954/847-7700**

CR2E037 (10/02)