

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90034 005 \*\*\*\*61.25

**DOCUMENT # N21544**

1. Entity Name

**THE CORAL GABLES BAR ASSOCIATION, INCORPORATED**

Principal Place of Business

Mailing Address

G/O REX E. RUSSO. ESQ  
 PH 1-D. 2655 LEJENNE RD  
 CORAL GABLES FL 33134  
 US

G/O REX E. RUSSO. ESQ  
 PH 1-D. 2655 LEJENNE RD  
 CORAL GABLES FL 33134  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2823417**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**RUSSO, REX E ESQ**  
**2655 LE JEUNE RD. PH 1-D**  
**CORAL GABLES FL 33134**

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.

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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>// P</b> <b>SARGENT, JOANNE ESQ</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>2001 SW 117TH AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33175</b>	
TITLE NAME	<b>\$ T</b> <b>DEL AMO, CARLOS C</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>3929 PONCE DE LEON BLVD</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE NAME	<b>D</b> <b>LARRAINE, JAHN</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>1825 PONCE DE LEON BLVD.</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE NAME	<b>P</b> <b>THOMAS, GARY</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>301 ALMERIA AVE. #3</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE NAME	<b>D</b> <b>HOCKMAN, ALLISON D</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>325 ALMERIA AVE.</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	
TITLE NAME	<b>V</b> <b>RUSSO, REX E</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>2655 LE JEUNE RD., PH 1-D</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	

TITLE NAME	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>201 Sevilla Avenue, #202</b>	
CITY-ST-ZIP		
TITLE NAME	<b>Secretary</b> <b>Friedman, Allison L.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>2655 LeJeune Road, 11th Floor</b>	
CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>	
TITLE NAME	<b>Director</b> <b>Hassett, Kenneth</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>201 Sevilla Avenue, #202</b>	
CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>	
TITLE NAME	<b>Director</b> <b>David Mitchell</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>2655 LeJeune Road, 10th Floor</b>	
CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>	
TITLE NAME	<b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/31/00**  
 Date

**305-443-7005**  
 Daytime Phone #