

DOCUMENT # N27518

1. Entity Name

PALM BEACH COUNTY TRIAL LAWYERS ASSOCIATION, INC

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90196 022 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2901 CLINT MOORE RD  
 SUITE 335  
 BOCA RATON FL 33496  
 US

2901 CLINT MOORE RD  
 SUITE 335  
 BOCA RATON FL 33496-2041  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

65-0158809

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

LUCKMAN, ERIC H  
 1675 PALM BEACH LAKES, RD  
 7TH FLOOR  
 WEST PALM BEACH FL 33401

Name SUSAN GLICK, EX. DIRECTORStreet Address (P.O. Box Number is Not Acceptable)  
2901 CLINT MOORE RD. #335City BOCA RATON

FL

Zip Code 33496

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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PED	OVERBECK, MICHAEL	515 N FLAGLER DR	W. PALM BEACH FL 33401	<input checked="" type="checkbox"/>
T	SCHULER, RICHARD	1615 FORUM PLACE #4D	W. PALM BCH FL 33401	<input checked="" type="checkbox"/>
S	STEWART, TODD	2401 PGA BLVD #104	BOCA RATON FL 33401	<input checked="" type="checkbox"/>
PD	LUCKMAN, ERIC H	1675 PALM BEACH LAKES BLVD, 7TH FLOOR	WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PRESIDENT				<input checked="" type="checkbox"/>	<input type="checkbox"/>
PRESIDENT - ELECT				<input checked="" type="checkbox"/>	<input type="checkbox"/>
TREASURER				<input checked="" type="checkbox"/>	<input type="checkbox"/>
IMMEDIATE PAST PRESIDENT				<input checked="" type="checkbox"/>	<input type="checkbox"/>
RICHARD RETAMAR	SECRETARY	2424 N. FEDERAL HWY #460	BOCA RATON FL 33431	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MICHAEL J. OVERBECK

1/13/00

561-820-2231

CR2E037 (9/99)