

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 05, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90186 044 \*\*\*\*61.25

**DOCUMENT # N27518**

1. Entity Name

**PALM BEACH COUNTY TRIAL LAWYERS ASSOCIATION, INC**

Principal Place of Business

Mailing Address

2901 CLINT MOORE RD  
SUITE 335  
BOCA RATON FL 33496  
US2901 CLINT MOORE RD  
SUITE 335  
BOCA RATON FL 33496  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-0158809

Applied For

Not Applicable

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

8. 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 33401Name **SUSAN GLICK**Street Address (P.O. Box Number is Not Acceptable) **2901 CLINT MOORE RD. #335**City **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

*Eric H. Luckman*

(NOTE: Registered Agent signature required when resigning)

F-9-01

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 **PED. OVERBECK, MICHAEL** ☐ Delete  
STREET ADDRESS **515 N FLAGLER DR**  
CITY-ST-ZIP **W. PALM BEACH FL 33401**TITLE  
NAME **T. SCHULER, RICHARD** ☐ Delete  
STREET ADDRESS **1615 FORUM PLACE #4D**  
CITY-ST-ZIP **W. PALM BCH FL 33401**TITLE  
NAME **S. STEWART, TODD** ☐ Delete  
STREET ADDRESS **2401 PGA BLVD #104**  
CITY-ST-ZIP **BOCA RATON FL 33401**TITLE  
NAME **PD LUCKMAN, ERIC H** ☒ Delete  
STREET ADDRESS **1675 PALM BEACH LAKES BLVD, 7TH FLOOR**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME **IMM. PAST PRESIDENT** ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME **PRESIDENT** ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME **PRESIDENT-ELECT** ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME **TREASURER RICHARD E. RETAMAR** ☐ Change ☒ Addition  
STREET ADDRESS **2424 N. FEDERAL HWY #460**  
CITY-ST-ZIP **BOCA RATON FL 33491**TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Change ☐ 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: *Richard D. Schuler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RICHARD D. SCHULER** 4-9-01

Date

Daytime Phone #

CR2E037 (10/00)