

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90111 044 \*\*\*\*61.25

**DOCUMENT # N93000000183**

1. Entity Name

**ACADEMY OF FLORIDA ELDER LAW ATTORNEYS, INC.**

Principal Place of Business

Mailing Address

641 N RIO GRANDE AVE  
 ORLANDO FL 32805  
 US

641 N RIO GRANDE AVE  
 ORLANDO FL 32805-1380  
 US

2. Principal Place of Business

**PO Box 13978**

3. Mailing Address

**PO Box 13978**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Tallahassee, FL**

City & State

**Tallahassee, FL**

4. FEI Number

**65-0281151**

Applied For

Not Applicable

Zip

**32317**

Country

Zip

**32317**

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GREATWOOD, RICHARD N.**  
**641 N RIO GRANDE AVE**  
**ORLANDO FL 32805**

7. Name and Address of New Registered Agent

Name **Susan Cabrera**  
 Street Address (P.O. Box Number is Not Acceptable) **3355 Thomas Butler Rd**  
 City **Tallahassee** FL Zip Code **32308**

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

TITLE	<b>P</b> <input checked="" type="checkbox"/> Delete
NAME	<b>TROMBLEY, MICHAEL J.</b>
STREET ADDRESS	<b>329 S COMMERCE AVE</b>
CITY-ST-ZIP	<b>SEBRING FL 33870</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> Delete
NAME	<b>GREATWOOD, RICHARD N.</b>
STREET ADDRESS	<b>641 N RIO GRANDE AVE</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>HOOK, JOAN NELSON</b>
STREET ADDRESS	<b>4918 FLORANAR TER</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MORGAN, REBECCA C.</b>
STREET ADDRESS	<b>1401 61ST ST</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>SOLKOFF, SCOTT</b>
STREET ADDRESS	<b>1800 HILLSBORO BLVD., SUITE 211</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SHALLOWAY, G. MARK</b>
STREET ADDRESS	<b>1665 PALM BEACH LAKES BLVD #1003</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>Secretary</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>John Staunton</b>
STREET ADDRESS	<b>3446 Lake Drive</b>
CITY-ST-ZIP	<b>Palm Harbor, FL 34683</b>
TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Lauchlin T. Waldach</b>
STREET ADDRESS	<b>2039 Centre Pointe Blvd, Ste 201</b>
CITY-ST-ZIP	<b>Tallahassee, FL 32308</b>
TITLE	<b>President Elect</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Scott Solkoff</b>
STREET ADDRESS	<b>1901 S. Congress Ave., Ste 350</b>
CITY-ST-ZIP	<b>Boynton Beach, FL 33426</b>
TITLE	<b>Imm. Past President</b> <input checked="" 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #