

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90065 041 \*\*\*\*61.25

DOCUMENT # **N 93 000000183**

1. Entity Name

**Academy of FL Elder Law Attys**

Principal Place of Business **PO Box 13978** Mailing Address  
**Tallahassee, FL 32317**

2. Principal Place of Business

3. Mailing Address

**3355 Thomas Butler Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Tallahassee FL**

City & State

4. FEI Number

**65-0281151**

Applied For

Not Applicable

Zip

Country

**32308**

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

**Executive Director**  
**Susan Cabrera**  
**PO Box 13978**  
**Tallahassee, FL 32317**

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 

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/26/01**

**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	<b>President</b> <input type="checkbox"/> Delete
NAME	<b>Scott Solkoff</b>
STREET ADDRESS	<b>1901 S Congress Ave, Ste 350</b>
CITY-ST-ZIP	<b>Boynton Beh 33426</b>
TITLE	<b>President-elect</b> <input type="checkbox"/> Delete
NAME	<b>Joan Nelson HOOK</b>
STREET ADDRESS	<b>4918 Floranar Terrace</b>
CITY-ST-ZIP	<b>New Port Richey 34652</b>
TITLE	<b>Secretary</b> <input type="checkbox"/> Delete
NAME	<b>John Staunton</b>
STREET ADDRESS	<b>622 Bypass Dr, Ste 200</b>
CITY-ST-ZIP	<b>Clearwater 33764</b>
TITLE	<b>Rebecca C Morgan</b> <input checked="" type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>Director</b> <input type="checkbox"/> Delete
NAME	<b>Lauchlin Waldoch</b>
STREET ADDRESS	<b>1024 E Park Ave</b>
CITY-ST-ZIP	<b>Tallahassee, FL 32301</b>
TITLE	<b>Director Immediate Past Pres.</b> <input type="checkbox"/> Delete
NAME	<b>Mark Shalloway</b>
STREET ADDRESS	<b>1400 Centrepark Blvd, Ste 700</b>
CITY-ST-ZIP	<b>WPB 33401</b>

TITLE	<b>Treasurer</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Stuart Morris</b>
STREET ADDRESS	<b>7000 W Palmetto Pk Rd, Ste 310</b>
CITY-ST-ZIP	<b>Boca Raton FL 33433</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	
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 19.07(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

**SUSAN CABRERA**

Date **4/26/01**

Daytime Phone # **850/656-8848**

OR2E037 (11/00)