

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2002 8:00 am
Secretary of State

01-22-2002 90100 037 ****61.25

DOCUMENT # 744682

1. Entity Name

FLORIDA DEFENSE LAWYERS ASSOCIATION, INC.

Principal Place of Business

2202 N WESTSHORE BLVD
 SUITE 200
 TAMPA FL 33607

Mailing Address

2202 N WESTSHORE BLVD
 SUITE 200
 TAMPA FL 33607

2. Principal Place of Business

2202 N West Shore Blvd

3. Mailing Address

2202 N West Shore Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2717926
 59-2151768

Applied For

Not Applicable

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

JUDE, LINDA L
 2202 NORTH WESTSHORE BLVD
 SUITE 200
 TAMPA FL 33607

(West Shore is
 2 words)

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	VPD	<input type="checkbox"/> Delete
NAME	WEEDON, GERALD	
STREET ADDRESS	1200 RIVERPLACE #800	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	ED	<input type="checkbox"/> Delete
NAME	JUDE, LINDA L	
STREET ADDRESS	2202 N WESTSHORE BLVD, STE 200	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ANTONELLI, MARK R	
STREET ADDRESS	420 S. DIXIE HIGHWAY, 3RD FL	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEA, VALERIE W	
STREET ADDRESS	500 E. BROWARD BLVD., 1000	
CITY-ST-ZIP	FT. LAUDERDALE FL 33394	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DUKES III, THOMAS E	
STREET ADDRESS	108 E CENTRAL BLVD	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2202 N West Shore Blvd Ste 200	
STREET ADDRESS	(West Shore is 2 words)	
CITY-ST-ZIP		
TITLE	Secretary Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ralph L Marchbank Jr	
STREET ADDRESS	1750 Ringling Blvd	
CITY-ST-ZIP	Sarasota FL 34230	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gail Parenti	
STREET ADDRESS	113 Almeri Ave	
CITY-ST-ZIP	coral Gables FL 33134	

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: Linda Jude Ex Director 1-9-02 (813) 639-7585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)