

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001858

**Entity Name:** ACADEMY OF FLORIDA MANAGEMENT ATTORNEYS, INC.

**FILED**  
**Feb 04, 2017**  
**Secretary of State**  
**CC5634935070**

**Current Principal Place of Business:**

450 E LAS OLAS BLVD  
STE 800  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

5256 VENTURA DRIVE  
DELRAY BEACH, FL 33484 US

**FEI Number:** 65-1106067

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CAULKINS, CHARLES S  
450 E LAS OLAS BLVD  
STE 800  
FORT LAUDERDALE, FL 33301 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D, OTHER  
Name BERG, LISA  
Address 150 W. FLAGLER  
City-State-Zip: MIAMI FL 33130

Title D, P  
Name BLOCK, DAVID  
Address C/O JACKSON LEWIS  
TWO SOUTH BISCAYNE BLVE 3500  
City-State-Zip: MIAMI FL 33131

Title D, VP  
Name HOLTZMAN, GAIL  
Address C/O JACKSON LEWIS  
100 SOUTH ASHLEY DRIVE  
City-State-Zip: TAMPA FL 33602

Title D, ST  
Name HOLSHOUSER, ERIC  
Address C/O BUCHANAN INGERSOL  
50 NORTH LAURAL STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title D  
Name SNIFFEN, ROB  
Address 123 NORTH MONROE ST  
City-State-Zip: TALLAHASSEE FL 32301

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID BLOCK

D, P

02/04/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date