

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001858

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

**FILED**  
**Jan 29, 2021**  
**Secretary of State**  
**6373627920CC**

**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 DIRECTOR  
Name BERG, LISA  
Address C/O STEARNS WEAVER  
150 W. FLAGLER  
City-State-Zip: MIAMI FL 33130

Title D, PRESIDENT  
Name GABRIELLE, ERIC  
Address C/O STEARNS, WEAVER  
200 E. LAS OLAS BLVD  
City-State-Zip: FORT LAUDERDALE FL 33301

Title D, VP  
Name MCCLELLAND, DENNIS  
Address PHELPS DUNBAR  
100 S. ASHLEY DRIVE  
City-State-Zip: TAMPA FL 33601

Title D, S, T  
Name KLINE, ARLENE  
Address AKERMAN LLP  
777 SOUTH FLAGLER DRIVE SUITE  
1100 WEST TOWER  
City-State-Zip: WEST PALM BEACH FL 33401

Title D, OTHER  
Name VANCE, KEVIN  
Address C/O DUANE MORRIS  
1875 NW CORPORATE BLVD SUITE  
300  
City-State-Zip: BOCA RATON FL 33431

*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: ERIC GABRIELLE**

**PRESIDENT**

**01/29/2021**

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

\_\_\_\_\_  
Date