

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90384 033 ****70.00

DOCUMENT # 702751

1. Entity Name

THE FLORIDA BAR FOUNDATION, INC.

Principal Place of Business

109 E CHURCH STREET STE 405
 ORLANDO FL 32801

Mailing Address

PO BOX 1553
 ORLANDO FL 32802-1553
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1004604

Applied For

Not Applicable

Zip

Country

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

CURRAN, JANE ELIZABETH
109 EAST CHURCH STREET STE 405
ORLANDO FL 32801-0340

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 **PE** ☒ Delete
 NAME **MURAI, RENE V**
 STREET ADDRESS **900 INGRAHAM BLDG, 25 SE SECOND AVENUE**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **President** ☒ Change ☐ Addition
 NAME **A. Hamilton Cooke**
 STREET ADDRESS **Ste 2254 Riverplace Tower 1301 Riverplace**
 CITY-ST-ZIP **Jacksonville, FL 32207-9030 Blvd.**

TITLE **P** ☒ Delete
 NAME **BAXTER, JAMES A**
 STREET ADDRESS **1150 CLEVELAND ST. STE 300**
 CITY-ST-ZIP **CLEARWATER FL 34615**

TITLE **President-Elect** ☒ Change ☐ Addition
 NAME **Darryl M. Bloodworth**
 STREET ADDRESS **Ste 1500 800 North Magnolia**
 CITY-ST-ZIP **Orlando, Florida 32802**

TITLE **T** ☐ Delete
 NAME **COOKE, A H**
 STREET ADDRESS **STE 2254, RIVERPLACE TOWER 1301 RIVERPLACE**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **Secretary** ☐ Change ☒ Addition
 NAME **William L. Thompson, Jr.**
 STREET ADDRESS **Ste 404, 2301 Park Avenue**
 CITY-ST-ZIP **Orange Park, Florida 32073**

TITLE **T** ☒ Delete
 NAME **RUSSELL, TERENCE**
 STREET ADDRESS **1ST UNION CT. 15TH FL. 200 E. BROWARD**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE **Treasurer** ☐ Change ☒ Addition
 NAME **Andrew M. O'Malley**
 STREET ADDRESS **712 South Oregon Avenue**
 CITY-ST-ZIP **Tampa, Florida 33602**

TITLE **D** ☐ Delete
 NAME **THOMPSON, EMERSON R JR**
 STREET ADDRESS **300 S. BEACH ST. 5TH DIST. COURT OF AP.**
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **BLUMBERG, EDWARD R**
 STREET ADDRESS **100 NORTH BISCAYNE BLVD, SUITE 2802**
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE **Designated Director** ☐ Change ☒ Addition
 NAME **Hon. Nikki Ann Clark**
 STREET ADDRESS **2nd Judicial Circuit Rm 365 301 S. Monroe St.**
 CITY-ST-ZIP **Tallahassee, Florida 32301**

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-428-5131

CR2E037 (10/00)