

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90122 025 ****61.25

DOCUMENT # 743976

1. Entity Name

FLORIDA LAWYERS' LEGAL INSURANCE CORPORATION

Principal Place of Business

Mailing Address

**C/O THE FLORIDA BAR
 650 APALACHEE PARKWAY
 TALLAHASSEE FL 32399**

**C/O THE FLORIDA BAR
 650 APALACHEE PARKWAY
 TALLAHASSEE FL 32399-6584**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1932693

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERDIE, AINSLEE R.
 717 PONCE DE LEON
 SUITE 215
 CORAL GABLES FL 33134**

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 **D** Delete
 NAME **GAY, GREGORY G.**
 STREET ADDRESS **5318 BALSAM STREET**
 CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **FERDIE, AINSLEE R.**
 STREET ADDRESS **717 PONCE DE LEON, #215**
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **DUFRESNE, ELIZABETH**
 STREET ADDRESS **200 S BISCAYNE BLVD#4000**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **BENNETT, G. DAN**
 STREET ADDRESS **650 APALACHEE PKY.**
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **TAYLOR, RAYFORD H**
 STREET ADDRESS **317 N. CALHOUN ST.**
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE Change Addition
 NAME **Rayford H. Taylor**
 STREET ADDRESS **317 N. Calhoun St.**
 CITY-ST-ZIP **Tallahassee FL 32301**

TITLE **D** Delete
 NAME **DIAZ, RAFAEL**
 STREET ADDRESS **2050 CORAL WAY, S-304**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

Date

(850) 561-5600

Daytime Phone #

CR2E037 (9/99)