

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743976

1. Entity Name

FLORIDA LAWYERS' LEGAL INSURANCE CORPORATION

Principal Place of Business

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

Mailing Address

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

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

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 D ☐ 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 D ☐ Delete
NAME TAYLOR, RAYFORD H
STREET ADDRESS 317 N. CALHOUN ST.
CITY-ST-ZIP TALLAHASSEE FL 32301

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

2/4/02
Date

(850) 561-5600
Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

Doc # Attachment 743976

FLIC BOARD OF DIRECTORS

417 093

6.1	TITLE	S/D	
6.2	NAME	Garrett, William R.	
6.3	STREET ADDRESS	Post Office Box 2466	
6.4	CITY-ST-ZIP	Panama City, Florida 32401	
7.1	TITLE	P/D	
7.2	NAME	Murphy, William F. III	
7.3	STREET ADDRESS	4770 Biscayne Boulevard, Suite 930	
7.4	CITY-ST-ZIP	Miami, Florida 33137	
8.1	TITLE	D	
8.2	NAME	Shear, L. David	
8.3	STREET ADDRESS	201 East Kennedy Boulevard, Suite 1000	
8.4	CITY-ST-ZIP	Tampa, Florida 33602-5827	
9.1	TITLE	D	
9.2	NAME	Weiner, Susan	
9.3	STREET ADDRESS	DCPS, 1450 Northeast 2nd Avenue, Suite 552	
9.4	CITY-ST-ZIP	Miami, Florida 33132-1308	
10.1	TITLE	D	
10.2	NAME	Williams, Gerald A.	
10.3	STREET ADDRESS	1450 Northeast 2nd Avenue, Suite 552.	
10.4	CITY-ST-ZIP	Miami, Florida 33132	
11.1	TITLE	D	
11.2	NAME	Hernandez, Irma	ADD
11.3	STREET ADDRESS	215 West 49 th Street	
11.4	CITY-ST-ZIP	Hialeah, Florida 33012-3713	
12.1	TITLE	V/D	
12.2	NAME	Jay, Scott R.	ADD
12.3	STREET ADDRESS	1575 Ives Dairy Road	
12.4	CITY-ST-ZIP	Miami, Florida 33179-2133	
13.1	TITLE	D	
13.2	NAME	Meek, Leslie A.	ADD
13.3	STREET ADDRESS	United Teacher's of Dade, 2929 Southwest 3 rd Avenue	
13.4	CITY-ST-ZIP	Miami, Florida 33129	
14.1	TITLE	D	
14.2	NAME	Penichet, Paul F.	ADD
14.3	STREET ADDRESS	Union Planter's Bank Building, 2151 South LeJeune Road, Suite 200	
14.4	CITY-ST-ZIP	Miami, Florida 33134-4200	