

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763623

1. Entity Name

SOUTH FLORIDA ASSOCIATION OF LAW LIBRARIES, INC. ✓

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90013 037 ****61.25

Principal Place of Business

3305 COLLEGE AVE
FT LAUDERDALE FL 33314
US

Mailing Address

3305 COLLEGE AVE
FT LAUDERDALE FL 33314
US

2. Principal Place of Business

None SAME
Suite, Apt. #, etc.

3. Mailing Address

SAME
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2596419

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

EFFRON, MURIEL C.
10282 HERONWOOD LANE
WEST PALM BEACH FL 33412

7. Name and Address of New Registered Agent

Name DIANE ALTIMARI
Street Address (P.O. Box Number is Not Acceptable)
3305 COLLEGE AVE
NSA LAW LIBRARY
City FT. LAUDERDALE FL Zip Code 33314

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 DIANE ALTIMARI Diane Altman 7/10/00
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

After September 13, 2000 min. will be \$236.25

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

TITLE	SD	<input type="checkbox"/> Delete
NAME	BOX, ANTHONY	
STREET ADDRESS	200 S BISCAYNE 3300	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BARMER, MARY	
STREET ADDRESS	801 BRICKELL AVE 24TH	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ALTIMARI, DIANE	
STREET ADDRESS	3305 COLLEGE AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33314	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GIBSON, DENISE M	
STREET ADDRESS	16400 NW 32ND AVE	
CITY-ST-ZIP	MIAMI FL 33054	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIZ CHIPARI	
STREET ADDRESS	HOWARD KNIGHT	
CITY-ST-ZIP	701 BRICKELL AVE MIAMI FL 33131	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERESA SCALA	
STREET ADDRESS	GREENBERG TADIG	
CITY-ST-ZIP	1221 BRICKELL AVE MIAMI, FL 33131	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANET REINKE	
STREET ADDRESS	UNIV OF MIAMI	
CITY-ST-ZIP	BOX 248087 1311 MILLERDA, CORAL GABLES FL 33124	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 the empowered.

SIGNATURE: Diane Altman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/00 95426-6214
Date Daytime Phone #

CR2E037 (5/00)