

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763623

1. Entity Name

SOUTH FLORIDA ASSOCIATION OF LAW LIBRARIES, INC.

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90318 007 ****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

NOVA SE UNIV LAW LIB

3. Mailing Address

3305 COLLEGE AVE

Suite, Apt. #, etc.

3305 COLLEGE AVE

FT. LAUDERDALE, FL

Zip 33314 Country USA

City & State

6. Name and Address of Current Registered Agent

ALTIMAR, DIANE

3305 COLLEGE AVE.

FORT LAUDERDALE FL 33314

City

State 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

TITLE	SD	<input type="checkbox"/> Delete
NAME	CHIFARI, LIZ	
STREET ADDRESS	701 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SEALE, TERRY	
STREET ADDRESS	1221 BRICKELL AVE.	
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	REINKE, JANET	
STREET ADDRESS	BOX 248087	
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	<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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 like empowered.

SIGNATURE:

DIANE ALTIMARI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/01 954262-6216

CR2E037 (10/00)