2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State
03-21-2003 90113 041 ****61.25

DOCUMENT # 763623

1. Entity Name
SOUTH FLORIDA ASSOCIATION OF LAW LIBRARIES, INC.

Principal Place of Business	Mailing Address
NOVA SE UNIV LAW LIB 3305 COLLEGE AVE FT LAUDERDALE FL 33314 US	NOVA SE UNIV LAW LIB 3305 COLLEGE AVE FT LAUDERDALE FL 33314 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2596419 ☐ 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
ALTIMARI, DIANE 3305 COLLEGE AVE. FORT LAUDERDALE FL 33314	Name: Katherine Rosin Street Address (P.O. Box Number is Not Acceptable): Shook, Hardy & Bacon, Miami Centre 201 S. Biscayne Blvd., Suite 2400 City: Miami FL Zip Code: 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: X Katherine Rosin — DATE: 1/13/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PARDO, PAT 200 S BISCAYNE STE 4900 MIAMI FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PP Reinke REINKE, JANET 1311 MILLER DR CORAL GABLES FL 33124	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Past President Reinke ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ALTIMARI, DIANE 3305 COLLEGE AVE FT LAUDERDALE FL 33314	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP P SMITH BULTER, USA 3305 COLLEGE AVE FORT LAUDERDALE FL 33314	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Katherine Rosin 201 S. Biscayne Blvd., Suite 2400 Miami, FL 33131 ☐ Change ☒ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Elizabeth Chifaku Holland & Knight, 701 Brickell Ave., Suite 3000, Miami, FL 33131 ☐ Change ☒ Addition D

CR2E037 (10/02)

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: Lisa Smith-Butler — Lisa Smith-Butler — 1/7/03 — Daytime Phone: 954-262-6215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date