

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13342

1. Entity Name

FLORIDA LAWYERS ASSISTANCE, INC.

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90088 032 ****61.25

Principal Place of Business

Mailing Address

2601 E. OAKLAND PARK BLVD
SUITE 203
FT. LAUDERDALE FL 33306
US

2601 E OAKLAND PARK BLVD
SUITE 203
FT. LAUDERDALE FL 33306-1612
US

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

59-2642210

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

COHEN, MYER J
2601 E. OAKLAND PARK BLVD., SUITE 203
FT. LAUDERDALE FL 33306

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 ☐ Delete
NAME P
STREET ADDRESS DAVIS, G. MILES E
CITY-ST-ZIP 100 N PALAFOX ST
PENSACOLA FL 32501

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

TITLE ☐ Delete
NAME T
STREET ADDRESS TUTAN, G V
CITY-ST-ZIP 2900 SW 28TH TERRACE; 5TH FLOOR
MIAMI FL 33133

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

TITLE ☐ Delete
NAME PE
STREET ADDRESS WAKEMAN, MARY L
CITY-ST-ZIP PO DRAWER 229
TALLAHASSEE FL 32302

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

TITLE ☐ Delete
NAME D
STREET ADDRESS MURPHY, JOSEPH
CITY-ST-ZIP 1000 N. ASHLEY DRIVE STE 309
TAMPA FL 33602-3330

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

TITLE ☐ Delete
NAME D
STREET ADDRESS POMM, RAYMOND M
CITY-ST-ZIP PO BOX 1020
FERNANDINA BEACH FL 32035-1020

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

TITLE ☐ Delete
NAME ED
STREET ADDRESS COHEN, MYER J
CITY-ST-ZIP 2601 E. OAKLAND PARK BLVD., SUITE 203
FT. LAUDERDALE 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 REQUIRED

Myer J. Cohen

1-18-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)