

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27518

1. Entity Name

PALM BEACH COUNTY TRIAL LAWYERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

2901 CLINT MOORE RD  
SUITE 335  
BOCA RATON FL 33496  
US

2901 CLINT MOORE RD  
SUITE 335  
BOCA RATON FL 33496  
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

65-0158809

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

GLICK, SUSAN  
2901 CLINT MOORE RD, #335  
BOCA RATON FL 33496

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

TITLE DIPP  
NAME OVERBECK, MICHAEL  
STREET ADDRESS 515 N FLAGLER DR  
CITY-ST-ZIP W. PALM BEACH FL 33401 ☒ Delete

TITLE DP  
NAME SCHULER, RICHARD  
STREET ADDRESS 1615 FORUM PLACE #4D  
CITY-ST-ZIP W. PALM BCH FL 33401 ☒ Delete

TITLE DPE  
NAME STEWART, TODD  
STREET ADDRESS 2401 PGA BLVD #104  
CITY-ST-ZIP BOCA RATON FL 33401 ☒ Delete

TITLE T  
NAME RETAMAR, RICHARD E  
STREET ADDRESS 2424 N FEDERAL HIGHWAY #460  
CITY-ST-ZIP BOCA RATON FL 33431 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT  
NAME TODD STEWART  
STREET ADDRESS 2401 PGA BLVD #104  
CITY-ST-ZIP PALM BCH GARDEN FL 33401 ☐ Change ☒ Addition

TITLE PRES  
NAME RICHARD SLINKMAN  
STREET ADDRESS 1615 FORUM WAY #201  
CITY-ST-ZIP WEST PALM BCH FL 33401 ☐ Change ☒ Addition

TITLE PRES  
NAME DAVID C. PRATHER  
STREET ADDRESS 2424 N FEDERAL HIGHWAY #460  
CITY-ST-ZIP BOCA RATON FL 33431 ☐ Change ☒ Addition

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

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

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

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

2/5/02

Daytime Phone #

FILED  
Apr 01, 2002 8:00 am  
Secretary of State

02-26-2002 90035 043 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CFR2037 (9/01)