

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28570

1. Entity Name

ATTORNEYS REAL ESTATE COUNCIL OF DADE COUNTY, IN

Principal Place of Business

9200 SO DADELAND BLVD
SUITE 308
MIAMI FL 33156
US

Mailing Address

9200 SO DADELAND BLVD
SUITE 308
MIAMI FL 33156-2711
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

65-0073569

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

ZIMMETT BLAIR I
9200 SO DADELAND BLVD
SUITE 308
MIAMI FL 33156

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
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
HANAFORDE, BRADLEY
9200 SOUTH DADELAND BLVD, SUITE 308
MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WHITAKER, JOHN
9370 SUNSET DR/STE A255
MIAMI FL 33173 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
ZIMMETT, CRAIG
9200 SO DADELAND BLVD, SUITE 308
MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LAMCHICK, BRUCE
9130 S DADELAND BLVD 1101
MIAMI FL 33156 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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CITY-ST-ZIP
☐ Change ☐ Add

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90046 047 ****61.25

700354



DO NOT WRITE IN THIS SPACE