

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

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90137 002 ****61.25



CHECK HERE IF MAKING CHANGES

DOCUMENT # N32749
1. Entity Name
THE DADE COUNTY BAR ASSOCIATION

Principal Place of Business
**123 N. W. FIRST AVE.
STE. 214
MIAMI FL 33128
US**

Mailing Address
**123 N.W. FIRST AVE
STE. 214
MIAMI FL 33128
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **59-0711420**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RIDGELY, JOHNNIE M
123 NW 1 AVE #214
MIAMI FL 33128**

7. Name and Address of New Registered Agent

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

TITLE	D <input type="checkbox"/> Delete
NAME	THORNTON, JOHN W JR
STREET ADDRESS	200 S BISCAYNE BLVD #3420
CITY-ST-ZIP	MIAMI FL 33131
TITLE	D <input type="checkbox"/> Delete
NAME	RIDGLEY, J
STREET ADDRESS	123 NW 1ST AVE 214
CITY-ST-ZIP	MIAMI FL
TITLE	VPD <input checked="" type="checkbox"/> Delete
NAME	AARON, WILLIAM
STREET ADDRESS	201 S BISCAYNE BLVD #850
CITY-ST-ZIP	MIAMI FL 33131
TITLE	D <input type="checkbox"/> Delete
NAME	FIORE, ROBERT J
STREET ADDRESS	28 WEST FLAGLER STREET 11 FL
CITY-ST-ZIP	MIAMI FL 33130
TITLE	D <input type="checkbox"/> Delete
NAME	PENNEKAMP, TOM JR
STREET ADDRESS	2665 S BAYSHORE DR PH ONE
CITY-ST-ZIP	MIAMI FL 33133
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sandra McClure
STREET ADDRESS	100 S. E. 2 Street 17 Fl.
CITY-ST-ZIP	Miami, Fla. 33131
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
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: *JOHNNIE M. RIDGELY* 1-7-03 305/311-2220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Phone #

CR2E037 (10/02)