## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # N34876** May 04, 2000 8:00 am 1. Entity Name Secretary of State THE FLORIDA BAR CHILDREN'S FUND, INC. 05-04-2000 90111 023 \*\*\*\*61.25 Principal Place of Business Mailing Address % JOHN F. HARKNESS, JR. % JOHN F. HARKNESS, JR. 650 APALACHEE PARKWAY (FLORIDA BAR CENTER) 650 APALACHEE PARKWAY (FLORIDA BAR CENTER) TALLAHASSEE FL 32399-2300 TALLAHASSEE FL 32399-6584 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3006114 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 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) HARKNESS, JOHN F., JR. THE FLORIDA BAR CENTER 650 APALACHEE PARKWAY Zip Code FL TALLAHASSEE FL 32399-2300 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to **FILE NOW:** 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition VD Change TITLE x Delete TITLE BLUMBERG, EDWARD R. NAME NAME Terrence J. Russell STREET ADDRESS 100 N. BISCAYNE BLVD. STREET ADDRESS 200 E. Broward Boulevard CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33132 Ft. Lauderdale, FL 33302-1900 ☐ Change ☐ Addition STD ☐ Delete TITLE TITLE HARKNESS, JOHN F., JR. NAME NAME STREET ADDRESS STREET ADDRESS **650 APALACHEE PARKWAY** CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32399-2300 Change Addition TITLE Delete LEVINE, JACK NAME NAME STREET ADDRESS STREET ADDRESS 514 E COLLEGE AVE CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32314-6646 ☐ Change ☐ Addition St Delete TITLE TITLE NAME OSMAN, EDITH G NAME STREET ADDRESS STREET ADDRESS 4000 INTERNATIONAL PL CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 **VPD** Delete TITLE Change ☐ Addition TITLE RUSSOMANNO, HERMAN J NAME Herman J. Russomanno NAME STREET ADDRESS STREET ADDRESS 150 W FLAGLER ST 150 W. Flagler St. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33130 Miami, FL 33130 Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

2. 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John F. Harkness, Jr.

4/26/00 850/561-5600