2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 18, 2001 8:00 am Secretary of State DOCUMENT # **N49396** 1. Entity Name 05-18-2001 91247 015 ****61.25 THE ACADEMY OF FLORIDA TRIAL LAWYERS RESEARCH AN Principal Place of Business Mailing Address 218 S MONROE ST 218 \$ MONROE ST 551885 TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3144722 Not Applicable Zip Zip Country \$8.75 Additional Country 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) CARRUTHERS, SCOTT 218 S MONROE ST TALLAHASSEE FL 32301 City 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) 9. Election Campaign Financing **FILE NOW:** Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE **PSD** ☐ Delete TITLE ☐ Change ☐ Addition NAME CARRUTHERS, SCOTT NAME STREET ADDRESS 218 S MONROE ST STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL CITY-ST-ZIP Vice-Chairman/Director of Change ☐ Delete ☐ Addition COKER, HOWARD NAME STREET ADDRESS 136 E. BAY ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32202 Treasurer/Director **Addition** TITLE NAME NAME Richard Shapiro NEAL A ROTH 732 manatee Ave. W. PH 1 GRAND BAY PLAZA 2665 S BAYSHORE DR STREET ADDRESS STREET ADDRESS Bradenton, FL 34205 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33133 ☐ Delete TITLE Director Change ☐ Addition BLOCK, LANCE NAME STREET ADDRESS 2139 PALM BEAACH LAKES BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33409 **VCH** chairman/Director ☐ Delete TITI F Change ☐ Addition CLARK, MARK NAME STREET ADDRESS 515 N FLAGLER DRIVE, #1000 - 10TH FLOOR STREET ADDRESS 515 N. CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP