

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50207

1. Entity Name

ATTORNEYS' BAR ASSOCIATION OF FLORIDA, INC.

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90043 047 \*\*\*\*61.25

Principal Place of Business

Mailing Address

112 WEST CITRUS ST.  
STE 2  
ALTAMONTE SPRINGS FL 32714

112 WEST CITRUS ST.  
STE 2  
ALTAMONTE SPRINGS FL 32714-2502



DO NOT WRITE IN THIS SPACE

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

59-3142621

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

ALPER, HARVEY M.  
112 W. CITRUS ST.  
ALTAMONTE SPRINGS FL 32714

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

*Harvey M. Alper*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Delete  
NAME ALPER, HARVEY M.  
STREET ADDRESS 112 W. CITRUS ST.  
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE Director ☐ Change ☒ Addition  
NAME Jane E. Hendricks  
STREET ADDRESS PMB 177, 8306 Mills Drive  
CITY-ST-ZIP Miami, FL 33183

TITLE D ☐ Delete  
NAME LITTLE, JOSEPH  
STREET ADDRESS 3731 N.W. 13TH PLACE  
CITY-ST-ZIP GAINESVILLE FL

TITLE Director ☐ Change ☒ Addition  
NAME Richard B. Kay  
STREET ADDRESS 222 U.S. Highway 1, Suite 208  
CITY-ST-ZIP Tequesta, FL 33469

TITLE STV ☐ Delete  
NAME LITTLE, JOSEPH  
STREET ADDRESS 3731 N.W. 13TH PLACE  
CITY-ST-ZIP GAINESVILLE FL

TITLE Director ☐ Change ☒ Addition  
NAME Claflin Garst, Jr.  
STREET ADDRESS 4804 Manatee Avenue West  
CITY-ST-ZIP Bradenton, FL 34209

TITLE D ☐ Delete  
NAME TRAWICK, HENRY P J  
STREET ADDRESS 2051 MAIN STREET  
CITY-ST-ZIP SARASOTA FL

TITLE Director ☐ Change ☒ Addition  
NAME Kit Carson  
STREET ADDRESS Post Office Box 1211  
CITY-ST-ZIP Daytona Beach, FL 32115

TITLE D ☐ Delete  
NAME MURPHY, WILL  
STREET ADDRESS 4770 BISCAYNE BLVD, STE 960  
CITY-ST-ZIP MIAMI FL

TITLE Director ☐ Change ☒ Addition  
NAME Lawrence A. Steele  
STREET ADDRESS 2901 W. Bush Blvd., Suite 610  
CITY-ST-ZIP Tampa, FL 33618

TITLE D ☒ Delete  
NAME BUENO, LEO  
STREET ADDRESS 112 W CITRUS STREET  
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE ☐ Change ☐ 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:

*Harvey M. Alper*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)