

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N50207**

1. Entity Name

ATTORNEYS' BAR ASSOCIATION OF FLORIDA, INC.

Principal Place of Business

**112 WEST CITRUS ST.
STE 2
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**112 WEST CITRUS ST.
STE 2
ALTAMONTE SPRINGS FL 32714**

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

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

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
DP	ALPER, HARVEY M.	112 W. CITRUS ST.	ALTAMONTE SPRINGS FL	<input type="checkbox"/>
D	LITTLE, JOSEPH	3731 N.W. 13TH PLACE	GAINESVILLE FL	<input type="checkbox"/>
STV	LITTLE, JOSEPH	3731 N.W. 13TH PLACE	GAINESVILLE FL	<input type="checkbox"/>
D	TRAWICK, HENRY P J	2051 MAIN STREET	SARASOTA FL	<input type="checkbox"/>
D	MURPHY, WILL	4770 BISCAYNE BLVD, STE 960	MIAMI FL	<input type="checkbox"/>
D	HENDRICKS, JANE E	PMB 117 8306 MILLS DRIVE	MIAMI FL 33183	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90328 032 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)