

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50207

1. Entity Name

ATTORNEYS' BAR ASSOCIATION OF FLORIDA, INC.

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90110 034 ****61.25

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

4. FEI Number

59-3142621

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

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

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

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

TITLE D
NAME HENDRICKS, JANE E ☐ Delete
STREET ADDRESS PMB 117 8306 MILLS DRIVE
CITY-ST-ZIP MIAMI FL 33183

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/02 407-869-0900

CR2E037 (9/01)