

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000460

1. Entity Name

GREATER BOCA RATON CHAPTER ASSOCIATION OF LEGAL

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90981 023 \*\*\*\*61.25

Principal Place of Business  
7900 GLADES ROAD  
SUITE 330  
BOCA RATON FL 33434  
US

Mailing Address  
7900 GLADES ROAD  
SUITE 330  
BOCA RATON FL 33434-4104  
US

2. Principal Place of Business  
2101 Corporate Blvd.,  
Suite, Apt. #, etc.  
Suite 220

3. Mailing Address  
2101 Corporate Blvd.  
Suite, Apt. #, etc.  
Suite 220

City & State  
Boca Raton, FL 33431

City & State  
Boca Raton, FL 33431

4. FEI Number  
NOT APPLICABLE

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  
CORPORATION INFORMATION SERVICES INC.  
1201 HAYS ST.  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent  
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 NAME STREET ADDRESS CITY-ST-ZIP	DP GORDILLO, MARIA 2000 GLADES ROAD STE 400 BOCA RATON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PIRES, ALEX W TOWER B - SUITE 300 4800 N FEDERAL HWY BOCA RATON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MESSINA, JILL 7900 GLADES ROAD STE 330 BOCA RATON FL 33434	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OTT, DOLORES C 2101 CORPORATE BLVD STE 220 BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BOLL, DENNIS M 798 S FEDERAL HWY BOCA RATON FL 33429	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GOODRICH, KATHLEEN 2600 N MILITARY TRAIL, 4TH FLOOR BOCA RATON FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAMBERT, MERLE H. 200 Glades Road, Suite 400 Boca Raton, FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOLL, DENNIS M. 6171 NW 34th Way Fort Lauderdale, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Dolores C. Ott* Dolores C. Ott, Treasurer (561) 988-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)