

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000439

1. Entity Name

ATTORNEYS BAR ASSOCIATION OF PALM BEACH COUNTY I

Principal Place of Business

222 US HIGHWAY ONE
SUITE 208
TEQUESTA FL 33469

Mailing Address

222 US HIGHWAY ONE
SUITE 208
TEQUESTA FL 33469-2708

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

65-0623760

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

KAY, RICHARD B
222 US HIGHWAY ONE
SUITE 208
TEQUESTA FL 33469

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 P ☐ Delete
NAME KAY, RICHARD B
STREET ADDRESS 222 US HIGHWAY ONE, SUITE 208
CITY-ST-ZIP TEQUESTA FL 33469

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

TITLE ST ☐ Delete
NAME BAKER, THOMAS R III
STREET ADDRESS 725 N. HIGHWAY A1A, SUITE E-208
CITY-ST-ZIP JUPITER FL 33477

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 1061 E. Indiantown Road, Suite 400
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DIX, KENNETH M
STREET ADDRESS 1388 N.W. 2ND AVENUE, SUITE 4A
CITY-ST-ZIP BOCA RATON FL 33432

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

TITLE D ☐ Delete
NAME MALLORY, EARL K
STREET ADDRESS P. O. BOX 8858 N/A
CITY-ST-ZIP JUPITER FL 33468

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Richard B. Kay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/2000

Date

Daytime Phone #

561
747-8835

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90008 006 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)