

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State

04-19-2001 90006 037 ****61.25

DOCUMENT # N96000000439

1. Entity Name

ATTORNEYS BAR ASSOCIATION OF PALM BEACH COUNTY I

Principal Place of Business

Mailing Address

222 US HIGHWAY ONE
 SUITE 208
 TEQUESTA FL 33469

222 US HIGHWAY ONE
 SUITE 208
 TEQUESTA FL 33469

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

RICHARD B. KAY

Richard B. Kay

3/1/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP
 ST BAKER, THOMAS R III
 1081 E INDIANTOWN RD STE 400
 JUPITER FL 33477

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

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME ☐ Change ☐ Addition
 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

Date

Daytime Phone #

3/01/01 (81)777-2835

CR2E037 (10/00)