2000 UNIFORM BUSINESS REPORT (UBR)

Aug 25, 2000 8:00 am Secretary of State DOCUMENT # N9600004391 1. Entity Name MIAMI BEACH BAR ASSOCIATION SCHOLARSHIP FUND, IN 08-25-2000 90001 017 ****61 25 Mailing Address Principal Place of Business 975 41 ST PH-1 975 41 ST PH-1 MIAMI BCH FL 33140 MIAMI BCH FL 33140-3329 THOUSE AT 2. Principal Place of Business 3. Mailing Address 1111 Lincoln Road 1111 Lincoln Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 802 Suite Suite 802 Applied For City & State City & State 4. FEI Number Miami Beach, FL 33139 65-0728729 Miami Beach, FL 33139 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Bruce Reich Street Address (P.O. Box Number is Not Acceptable) 1111 Lincoln Road GILLER, BRIAN J 975 41ST ST Suite 802 PH-1 City Zip Code 331.39 MIAMI BCH FL 33140 Miami Beach 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Vice President / Director ☐ Addition TITLE □ Delete TITLE NAME NAME COFING, PEDRO A Cofino, Pedro A. STREET ADDRESS STREET ADDRESS 407 LINCOLN RD STE 2B 407 Lincoln Road, Suite 2B CITY-ST-ZIP CITY-ST-7IP Miami Beach, FL 33139 MIAMI BEACH FL 33139 Change ☐ Addition TITLE D Delete TITLE NAME SHEPPARD, ARTHUR N NAME STREET ADDRESS STREET ADDRESS 420 LINCOLN RD, SUITE #256 CITY-ST-ZIP ·CiTY-ST-ZIP MIAMI BEACH FL 33139 President/Director ☐ Addition K Change TITLE VPD ☐ Delete TITLE NAME REICH, BRUCE NAME Reich, Bruce 1111 Lincoln Road, Suite 802 MIami Beach, FL 33139 STREET ADDRESS 1111 LINCOLN RD STE 802 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BCH FL 33139 ☐ Change ☐ Addition PD X Delete TITLE NAME NAME GILLER, BRIAN STREET ADDRESS STREET ADDRESS 975 41ST ST CITY-ST-ZIP CITY-ST-ZIP MIAMI BCH FL 33140 TITLE ☐ Delete TITLE Secretary/Director Change ☐ Addition ZEIGER, MITCHELL S NAME Mitchell S. Zeiger STREET ADDRESS STREET ADDRESS 2665 S BAYSHORE DR #404 2665 S. Bayshore Drive, #404 CITY-ST-ZIP CITY-ST-ZIP COCONUT GROVE FL 33133 Miami Beach, FL 33139 Addition TITLE □ Delete TITLE Treasurer/Director NAME NAME Stephen Hertz STREET ADDRESS STREET ADDRESS 767 Arthur Codfrey Road CITY-ST-ZIP CITY-ST-ZIP Miami Beach, FL 33140 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 DISTRIBUTION OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

FILED