

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004742

1. Entity Name

FLORIDA CREDITORS BAR ASSOCIATION, INC.

**FILED**  
**Mar 10, 2000 8:00 am**  
**Secretary of State**

03-10-2000 90029 014 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4100 SOUTHPOINT DR E  
STE 3  
JACKSONVILLE FL 32216

P.O. BOX 550858  
JACKSONVILLE FL 32255-0858

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

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

32216

HIDAY, ROBERT D  
~~4100 SOUTHPOINT DR E~~  
~~#3~~  
JACKSONVILLE FL 32216

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	<input type="checkbox"/> Delete
NAME	HIDAY, ROBERT D	
STREET ADDRESS	<del>STE. 102, 8375 DIX ELLIS TRAIL</del>	
CITY-ST-ZIP	<del>JACKSONVILLE FL 32256</del>	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GOLSON, JERROLD J	
STREET ADDRESS	P.O. BOX 4029	
CITY-ST-ZIP	CLEARWATER FL 34618	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ZAKHEIM, SCOTT C	
STREET ADDRESS	5310 NW 33RD AVE., STE. 100	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SCHWARTZ, NATHAN A	
STREET ADDRESS	5255 N. FEDERAL HWY., 3RD FL.	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAREY, PATRICK A	
STREET ADDRESS	P.O. BOX 574226	
CITY-ST-ZIP	ORLANDO FL 32857	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIDAY, ROBERT D	
STREET ADDRESS	4100 Southpoint Dr. E	
CITY-ST-ZIP	#3 Jacksonville, FL 32216	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

3/8/00 9043632769

CR2E037 (9/99)