

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90079 047 \*\*\*\*61.25

**DOCUMENT # N98000000112**

1. Entity Name

**MIAMI-DADE COUNTY BAR ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**123 N.W. FIRST AVENUE  
 MIAMI FL 33128**

**123 N.W. FIRST AVENUE  
 MIAMI FL 33128**

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

**65-0904450**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RIDGELY, JOHNNIE M  
 123 N.W. FIRST AVENUE  
 #214  
 MIAMI FL 33128**

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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ROTHMAN, DAVID B</b>	
STREET ADDRESS	<b>200 S. BISCAYNE BLVD. #3420</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KUEHNE, BENEDICT P</b>	
STREET ADDRESS	<b>100 S.E. SECOND ST. #2100</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KAINEN, DENNIS G</b>	
STREET ADDRESS	<b>1401 BRICKELL AVENUE #910</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GONZALEZ, ERVIN A</b>	
STREET ADDRESS	<b>100 S. BISCAYNE BLVD. #900</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>AARON, WILLIAM</b>	
STREET ADDRESS	<b>2937 S.W. 27 AVE. #202</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HOLLO, JEROME S</b>	
STREET ADDRESS	<b>100 S. BISCAYNE BLVD. #1100</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Tom Pennekamp, Jr.</b>	
STREET ADDRESS	<b>2665 So. Bayshore Dr. PH 1,</b>	
CITY-ST-ZIP	<b>Miami, Florida 33133</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>John H. Hickey</b>	
STREET ADDRESS	<b>1401 Brickell Avenue #500</b>	
CITY-ST-ZIP	<b>Miami, Florida 33131</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Robert J. Fiore</b>	
STREET ADDRESS	<b>28 West Flagler Street, 11 Fl.</b>	
CITY-ST-ZIP	<b>Miami, Florida 334130</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Johnnie M. Ridgely</b>	
STREET ADDRESS	<b>123 N. W. First Avenue #214</b>	
CITY-ST-ZIP	<b>Miami, Florida 33128</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>John W. Thornton, Jr.</b>	
STREET ADDRESS	<b>201 So. Biscayne Blvd. #850</b>	
CITY-ST-ZIP	<b>Miami, Florida 33131</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>John W. Thornton, Jr.</b>	
STREET ADDRESS	<b>200 So. Biscayne Blvd. #3420</b>	
CITY-ST-ZIP	<b>Miami, Florida 33131</b>	

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:

*Johnnie M. Ridgely*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-9-02*  
 Date

*305/371-2220*  
 Daytime Phone #

CR2E037 (9/01)