

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90137 001 \*\*\*\*61.25

**DOCUMENT # N98000000112**

1. Entity Name

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



Principal Place of Business

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

Mailing Address

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

**60003750**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0904450**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D PENNEKAMP, TOM 2665 SO. BAYSHORE DR. PH 1 MIAMI FL 33133	<input type="checkbox"/>		
D HICKEY, JOHN H 1401 BRICKELL AVENUE #500 MIAMI FL 33131	<input type="checkbox"/>		
D ROBERT, FIORE J 28 WEST FLAGLER STREET 11 FL WEST PALM BEACH FL 334130	<input type="checkbox"/>		
D RIDGELY, JOHNNIE M 123 N.W. FIRST AVENUE #214 MIAMI FL 33128	<input type="checkbox"/>		
D AARON, WILLIAM 201 SO. BISCAYNE BLVD #850 MIAMI FL 33131	<input checked="" type="checkbox"/> Delete	Director Sandra McClure 100 S. E. 2 St. 17 Fl. Miami, Fla 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D THORNTON, JOHN W 200 SO BISCAYNE BLVD #3420 MIAMI FL 33131	<input type="checkbox"/>		

CR2E037 (10/02)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**JOHNNIE M. RIDGELY 1-7-03 505/371-2220**