

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004234

1. Entity Name

TORT REFORM LEGAL DEFENSE FUND, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90044 024 ****61.25

Principal Place of Business

110 E. JEFFERSON ST.
TALLAHASSEE FL 32301

Mailing Address

110 E. JEFFERSON ST.
TALLAHASSEE FL 32301-1702

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3594258

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CARR, DIANE W
227 S. ADAMS ST.
TALLAHASSEE FL 32301

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 PD ☐ Delete
NAME HERRLE, WILLIAM C
STREET ADDRESS 110 E. JEFFERSON ST.
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE D ☐ Change ☒ Addition
NAME MARTY FLORENTINO
STREET ADDRESS 500 WATER STREET
CITY-ST-ZIP JACKSONVILLE, FL 32202-4057

TITLE D ☐ Delete
NAME ANDERSON, PAUL
STREET ADDRESS JM FAMILY ENTERPRISES, 100 N.W. 12TH AVE.
CITY-ST-ZIP DEERFIELD BEACH FL 33443

TITLE D ☐ Change ☒ Addition
NAME RANDY HUTTON
STREET ADDRESS POST OFFICE BOX B
CITY-ST-ZIP JACKSONVILLE, FL 32203

TITLE D ☐ Delete
NAME ARRIZURIETA, JORGE
STREET ADDRESS AUTO NATION, 450 E. LAS OLAS, STE. 1500
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE D ☐ Change ☒ Addition
NAME JIM McDOWELL
STREET ADDRESS 315 SOUTH CALHOUN STREET, SUITE 350
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE D ☐ Delete
NAME BRAINERD, JIM
STREET ADDRESS P.O. BOX 12129
CITY-ST-ZIP TALLAHASSEE FL 32317

TITLE D ☐ Change ☒ Addition
NAME RANDY MILLER
STREET ADDRESS 516 NORTH ADAMS STREET
CITY-ST-ZIP TALLAHASSEE, FL 32302

TITLE D ☐ Delete
NAME CARR, DIANE
STREET ADDRESS FLORIDA RETAIL FEDERATION 227 S. ADAMS ST.
CITY-ST-ZIP TALLAHASSEE FL 32302

TITLE D ☐ Change ☒ Addition
NAME KAREN PHILLIPS
STREET ADDRESS POST OFFICE BOX 1302
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE D ☐ Delete
NAME HARBISON, RHEB
STREET ADDRESS FLORIDA CHAMBER, P.O. BOX 11309
CITY-ST-ZIP TALLAHASSEE FL 32302

TITLE D ☐ Change ☒ Addition
NAME BUDDY TURMAN
STREET ADDRESS POST OFFICE BOX 5437
CITY-ST-ZIP TALLAHASSEE, FL 32314

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 #

CR2E037 (9/99)