

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000013177

1. Entity Name

ATTORNEYS' REAL PROPERTY COUNCIL OF PALM BEACH C

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90157 027 \*\*\*150.00

Principal Place of Business

777 SOUTH FLAGLER DRIVE  
SUITE 500 EAST  
WEST PALM BEACH FL 33401

Mailing Address

777 SOUTH FLAGLER DRIVE  
SUITE 500 EAST  
WEST PALM BEACH FL 33401-6161

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

65-0468469

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

GRAHAM, ROBERT M  
777 SOUTH FLAGLER DRIVE  
SUITE 500 EAST  
WEST PALM BEACH FL 33401

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME DESANTIS, CONRAD J ESQ.  
STREET ADDRESS 11891 U.S. HIGHWAY 1  
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME DICKENSON, DAVID B ESQ.  
STREET ADDRESS 980 N FEDERAL HWY., SUITE 410  
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME GRAHAM, ROBERT M ESQ.  
STREET ADDRESS 777 SOUTH FLAGLER DR., #500  
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MACKAY, STEPHEN L ESQ.  
STREET ADDRESS 1300 W LANTANA RD., #202  
CITY-ST-ZIP LANTANA FL 33465-3502

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME POSNER, MICHAEL J ESQ.  
STREET ADDRESS 1555 PALM BCH LKS BL STE 1000  
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME RAYNOR, JEFFREY S ESQ.  
STREET ADDRESS 1155 U.S. HIGHWAY 1, STE. 304  
CITY-ST-ZIP JUNO FL 33408

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

Date

Daytime Phone #

4-13-00

561-650-0529

2000/1/20/000