

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000002027

**Entity Name:** THE MACCABEE BAR ASSOCIATION OF FLORIDA, INC.

**FILED**  
**Feb 29, 2024**  
**Secretary of State**  
**2765463225CC**

**Current Principal Place of Business:**

111 N. ORANGE AVENUE  
SUITE 2000  
ORLANDO, FL 32801

**Current Mailing Address:**

111 N. ORANGE AVENUE  
SUITE 2000  
ORLANDO, FL 32801

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SALZMAN, GARY S ESQ.  
111 N. ORANGE AVENUE  
SUITE 2000  
ORLANDO, FL 32801 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT  
Name SALZMAN, GARY S ESQ.  
Address 111 N. ORANGE AVENUE, SUITE 2000  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name APTE, ALAN S ESQ.  
Address P.O. BOX 2286  
City-State-Zip: ORLANDO FL 32802

Title DIRECTOR  
Name WEISS, JEFFREY S ESQ.  
Address 111 N. ORANGE AVENUE  
City-State-Zip: ORLANDO, FL 32801 FL 32801

Title DIRECTOR  
Name PLOTKIN, RICHARD J ESQ.  
Address 50 NORTH LAURA STREET, SUITE 1100  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name PAYTON, HARRY A ESQ.  
Address 2 S. BISCAYNE BLVD., SUITE 2300  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name LOSEY, ADAM C  
Address 1420 EDGEWATER DR  
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR  
Name SMITH-HAMEROFF, REBECCA E  
Address 135 W CENTRAL BLVD STE 1000  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name KOBRIN, TODD F  
Address PO BOX 4956  
City-State-Zip: ORLANDO FL 32802-4956

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: GARY S SALZMAN**

**DIRECTOR AND  
PRESIDENT**

**02/29/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SAMBOL, STEPHEN B  
Address 111 N. ORANGE AVE, SUITE 2000  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name SAMBOL, STEPHEN B  
Address 111 N. ORANGE AVE, SUITE 2000  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name LAWRENCE, KOLIN H  
Address 1060 MAITLAND CENTER COMMONS BLVD STE  
440  
City-State-Zip: MAITLAND FL 32751