

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725515

1. Entity Name

FLORIDA ASSOCIATION FOR MARRIAGE & FAMILY THERAP

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90326 007 ****61.25

Principal Place of Business

3370 CAPITAL CIRCLE NE
STE D-2
TALLAHASSEE FL 32308
US

Mailing Address

3370 CAPITAL CIRCLE NE
STE D-2
TALLAHASSEE FL 32308
US

00030644



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2998898

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

GLASS, STEVE
3370 CAPITAL CIRCLE NE
STE D-2
TALLAHASSEE FL 32308

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BARLOW, LARRY
860 EAST PARK AVE.
TALLAHASSEE FL 32301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Past President ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PED
KAMINSKY, SILVIA
5900 SW 73 ST., #105
MIAMI FL 33143 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PPD
STILWELL, ROBIN
9260 SUNSET DR., #203
MIAMI FL 33173 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President Elect
Gordon Hatcher
106 E. Church St.
Orlando, FL 32801 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer
Melissa Schwartz
310 21st St. N.
St. Petersburg, FL 33704 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

2/21/01

850-906-0258

CR2E037 (10/00)