

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 15, 2000 8:00 am**  
**Secretary of State**

09-15-2000 90002 037 \*\*\*550.00

**DOCUMENT # M66375**

1. Entity Name  
**THE CENTER FOR FAMILY LAW, P.A.**

Principal Place of Business Mailing Address  
**3051 BENTBROOK DRIVE 3051 BENTBROOK DRIVE**  
**PACE FL 32571 PACE FL 32571**  
**US US**

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 **59-2896751** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**A0077813**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**SUSKO, JOHN C**  
**3051 BENTBROOK DRIVE**  
**PACE FL 32571**

**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.

SIGNATURE *John C. Susko* DATE  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DP <input type="checkbox"/> Delete	SUSKO, JOHN C. 3051 BENTBROOK DR. PACE FL 32571	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *John C. Susko*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/00 855-995-0643  
 Date Daytime Phone #

CR2E034 (5/00)