

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90004 026 ****61.25

DOCUMENT # N01000007176

1. Entity Name
**COLLABORATIVE FAMILY LAWYERS OF SOUTH
FLORIDA, INC.**



Principal Place of Business

**1900 WEST COMMERCIAL BLVD., STE. 130
FT. LAUDERDALE, FL 33309**

Mailing Address

**1900 WEST COMMERCIAL BLVD., STE. 130
FT. LAUDERDALE, FL 33309**



03162004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-1154241

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SHAW, ROBIN C ESQ.
980 N. FEDERAL HWY STE 401
#2000
BOCA RATON, FL 33432**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BASS, IRIS M ESQ.
STREET ADDRESS 1900 WEST COMMERCIAL BLVD., STE. 130
CITY-ST-ZIP FT. LAUDERDALE, FL 33309

TITLE TD
NAME BERZNER, STEVEN ESQ.
STREET ADDRESS 1040 BAYVIEW DR., STE. 605
CITY-ST-ZIP FT. LAUDERDALE, FL 33304

TITLE D
NAME SHAW, ROBIN C, *ESQ*
STREET ADDRESS 980 N. FEDERAL HWY. STE 401
CITY-ST-ZIP BOCA RATON, FL 334962636

TITLE VD
NAME PETERSON, THERESA ESQ.
STREET ADDRESS 2425 HOLLYWOOD BLVD.
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE SD
NAME BYLES, DEBORAH ESQ.
STREET ADDRESS 350 EAST LAS OLAS BLVD., STE. 1700
CITY-ST-ZIP FT. LAUDERDALE, FL 33301

TITLE D
NAME PARKER, BEVERLY ESQ.
STREET ADDRESS ONE FINANCIAL PLAZA, STE. 2626
CITY-ST-ZIP FT. LAUDERDALE, FL 33394

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

3/16/04 561/362-5858