

2001¹ UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05692

1. Entity Name

FLORIDA ASSOCIATION OF PROFESSIONAL FAMILY MEDIA

Principal Place of Business

P.O. BOX 2995
LAKE CITY FL 32056

Mailing Address

P.O. BOX 2995
LAKE CITY FL 32056

2. Principal Place of Business

600 Cleveland St.

Suite, Apt. #, etc.

940

City & State

Clearwater FL

Zip

33755

Country

USA

3. Mailing Address

600 Cleveland St.

Suite, Apt. #, etc.

940

City & State

Clearwater FL

Zip

33755

Country

USA

6. Name and Address of Current Registered Agent

BLANTON, NANCY
650 E BAYA
LAKE CITY FL 32056

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

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

TITLE	P	<input type="checkbox"/> Delete
NAME	BLANTON, NANCY	
STREET ADDRESS	650 EAST BAYA	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	PE	<input type="checkbox"/> Delete
NAME	CASTAGNA, CHARLES	
STREET ADDRESS	410 HILLTOP AVE	
CITY-ST-ZIP	CLEARWATER FL 33755-5022	
TITLE	T L	<input type="checkbox"/> Delete
NAME	DUEBERG, ROBERT	
STREET ADDRESS	100 SE 2ND AVE/INT'L PL STE-2100	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	BD	<input type="checkbox"/> Delete
NAME	DERLKE, ROEHARD	
STREET ADDRESS	4555 LAVALLLET LANE	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	D	<input type="checkbox"/> Delete
NAME	FARBER, LAURIE P	
STREET ADDRESS	12094 OLD COUNTY RD	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAUDER, PENNY	
STREET ADDRESS	1414 ROSE CT	
CITY-ST-ZIP	MELBOURNE FL 32935	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUEBERG, ROBERT A.	
STREET ADDRESS	9100 S. Dade Blvd, # 400	
CITY-ST-ZIP	miami FL 33156	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Robert A. Dueberg Robert A. Dueberg, Treas. 305-670-6339

Date

Daytime Phone #

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90356 041 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)