

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90108 002 \*\*\*150.00

**DOCUMENT #** *P9700009949*

**1. Entity Name**  
 FLORIDA FAMILY MEDIATION, INC.

**Principal Place of Business**  
 100 E. LINTON BLVD.  
 SUITE 146A  
 DELRAY BEACH, FL 33483

**Mailing Address**  
 100 E. LINTON BLVD.  
 SUITE 146A  
 DELRAY BEACH, FL 33483

**2. Principal Place of Business**  
 SAME  
 Suite, Apt. #, etc.  
 SAME  
 City & State  
 SAME  
 Zip  
 33483

**3. Mailing Address**  
 SAME  
 Suite, Apt. #, etc.  
 SAME  
 City & State  
 SAME  
 Zip  
 33483

**Country**  
 PALM BEACH USA

**4. FEI Number**  
 65-0724237

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

Applied For  
 Not Applicable

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 JAMES M. MULLIN (MULLIN)  
 2263 N.W. BOCA RATON BLVD.  
 BOCA RATON, FL

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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**

TITLE	PRESIDENT/SECRETARY/DIRECTOR <input type="checkbox"/> Delete
NAME	SHEILA K. WEISS
STREET ADDRESS	9760 C BOCA GARDENS CIR. N
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	DIRECTOR <input type="checkbox"/> Delete
NAME	HARRIET FRIEDBERG
STREET ADDRESS	9760 C BOCA GARDENS CIR. N
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:** *Sheila K. Weiss* SHEILA K. WEISS **5-18-00** (561) 852-1301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)