

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007176

FILED
Apr 21, 2019
Secretary of State
6518924585CC

Entity Name: COLLABORATIVE FAMILY LAW PROFESSIONALS OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

10023 BELLE RIVE BLVD
NO. 703
JACKSONVILLE, FL 32256

Current Mailing Address:

10023 BELLE RIVE BLVD
NO. 703
JACKSONVILLE, FL 32256 US

FEI Number: 65-1154241

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLACK, CHRISTINA W. ESQ.
10023 BELLE RIVE BLVD
SUITE 703
JACKSONVILLE, FL 32256 US

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: CHRISTINA W. BLACK

04/21/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|---|
| Title | DIRECTOR |
| Name | BASS, IRIS M ESQ. |
| Address | 7797 N. UNIVERSITY DRIVE SUITE 108 |
| City-State-Zip: | TAMARC FL 33321 |
| Title | DIRECTOR |
| Name | BRODZKI, NANCY ESQ. |
| Address | 2825 UNIVERSITY DR SUITE 300 |
| City-State-Zip: | CORAL SPRINGS FL 33065 |
| Title | DIRECTOR |
| Name | SHERMAN, KIM D ESQ. |
| Address | 800 E. CYPRESS CREED RD. SUITE 204-B |
| City-State-Zip: | FORT LAUDERDALE FL 33334 |
| Title | VP |
| Name | PELOSI, NANCY |
| Address | 4179 S.W. 64 AVENUE STE. 100 |
| City-State-Zip: | DAVIE FL 33314 |

| | |
|-----------------|--------------------------------------|
| Title | DIRECTOR |
| Name | BERZNER, STEVEN ESQ. |
| Address | 1040 BAYVIEW DR., STE. 605 |
| City-State-Zip: | FT. LAUDERDALE FL 33304 |
| Title | DIRECTOR |
| Name | NEAVE, ANGELA ESQ. |
| Address | 12 SE 7TH STREET SUITE 601 |
| City-State-Zip: | FORT LAUDERDALE FL 33301 |
| Title | PRESIDENT |
| Name | HELLER, RANDY PHD |
| Address | 3325 S. UNIVERSITY DR SUITE 202 |
| City-State-Zip: | DAVIE FL 33328 |
| Title | DIRECTOR |
| Name | BERMAN, TAMMY |
| Address | 817 S. UNIVERSITY DRIVE SUITE 121 |
| City-State-Zip: | PLANTATION FL 33324 |

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTINA W. BLACK

REGISTERED AGENT

04/21/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BLUMENTHAL, STEVEN E. ESQ.
Address 401 E. LAS OLAS BOULEVARD
SUITE 1400
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR
Name SACHS, EDWARD S. CPA
Address 20533 BISCAYNE BLVD
SUITE 4-224
City-State-Zip: AVENTURA FL 33180

Title DIRECTOR
Name DOTSON, RICHARD
Address 2436 N. FEDERAL HIGHWAY
#321
City-State-Zip: LIGHTHOUSE POINT FL 33064

Title SECRETARY
Name FABRIKANT, CRAIG S. PHD
Address 2855 N. UNIVERSITY DRIVE
STE. 500
City-State-Zip: CORAL SPRINGS FL 33065

Title TREASURER
Name HARPER, ARI
Address 800 FAIRWAY DRIVE
SUITE 420 (4TH FLOOR)
City-State-Zip: DEERFIELD BEACH FL 33441