

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007176

Entity Name: COLLABORATIVE FAMILY LAW PROFESSIONALS OF SOUTH FLORIDA, INC.**FILED**
Mar 12, 2020
Secretary of State
3102511743CC**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

03/12/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** DIRECTOR
Name BRODZKI, NANCY ESQ.
Address 2825 UNIVERSITY DR
SUITE 300
City-State-Zip: CORAL SPRINGS FL 33065**Title** DIRECTOR
Name HELLER, RANDY PHD
Address 3325 S. UNIVERSITY DR
SUITE 202
City-State-Zip: DAVIE FL 33328**Title** PRESIDENT
Name PELOSI, NANCY
Address 4179 S.W. 64TH AVENUE
STE. 100
City-State-Zip: DAVIE FL 33314**Title** SECRETARY
Name BERMAN, TAMMY
Address 817 S. UNIVERSITY DRIVE
SUITE 121
City-State-Zip: PLANTATION FL 33324**Title** VP
Name BLUMENTHAL, STEVEN E. ESQ.
Address 2699 STIRLING ROAD
SUITE C-404
City-State-Zip: FORT LAUDERDALE FL 33312**Title** DIRECTOR
Name FABRIKANT, CRAIG S. PHD
Address 2855 N. UNIVERSITY DRIVE
STE. 500
City-State-Zip: CORAL SPRINGS FL 33065**Title** DIRECTOR
Name HARPER, ARI
Address 800 FAIRWAY DRIVE
SUITE 420 (4TH FLOOR)
City-State-Zip: DEERFIELD BEACH FL 33441**Title** DIRECTOR
Name DOTSON, RICHARD
Address 2436 N. FEDERAL HIGHWAY
#321
City-State-Zip: LIGHTHOUSE POINT FL 33064**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: ALFRED ZEILER**TREASURER**

03/12/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FISCHER, REBECCA ESQ.
Address 450 N. PARK ROAD
SUITE 500
City-State-Zip: HOLLYWOOD FL 33021

Title TREASURER
Name ZEILER, ALFRED
Address 5660 SW 5TH STREET
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR
Name HARTMAN, PATRICIA
Address 1323 SE 4TH AVENUE
SUITE B
City-State-Zip: FORT LAUDERDALE FL 33316