

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000003589

FILED
Jul 02, 2002 8:00 AM
Secretary of State

Entity Name: COLLABORATIVE FAMILY LAW GROUP OF TAMPA BAY, INC.

Current Principal Place of Business:

2790 SUNSET POINT RD
CLEARWATER, FL 33759

New Principal Place of Business:

Current Mailing Address:

2790 SUNSET POINT RD
CLEARWATER, FL 33759

New Mailing Address:

FEI Number: 59-3741794

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOOLIHAN, A. DEAN
2790 SUNSET POINT RD
CLEARWATER, FL 33759

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RAMERS, M. KATHERINE
Address: 1112 PINEHURST RD
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: GRAHAM, REBECCA A
Address: 28050 US HWY 19 N STE 100
City-St-Zip: CLEARWATER, FL 336063729

Title: D () Delete
Name: HOOD, JOSEPH C
Address: 230 E DAVIS BLVD
City-St-Zip: TAMPA, FL 336063729

Title: D () Delete
Name: MORSE, JOHN S
Address: 4830 W KENNEDY BLVD STE 750
City-St-Zip: TAMPA, FL 336092564

Title: D () Delete
Name: HOOLIHAN, A. DEAN
Address: 2790 SUNSET POINT RD
City-St-Zip: CLEARWATER, FL 33759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: A. DEAN HOOLIHAN

D

07/02/2002

Electronic Signature of Signing Officer or Director

Date