2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0100008178

1. Entity Name

COLLABORATIVE DIVORCE LAWYERS ASSOCIATION OF PAL M BEACH COUNTY, INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

3. Mailing Address

7301 W PALMETTO PK RD STE 101 A BOCA RATON FL 33433-3455 7301 W PALMETTO PK RD STE 101 A BOCA RATON FL 33433-3455

				uite, Apt. #, etc. ity & State			DO NOT WRITE IN THIS SPACE					
							4. FEI Number Applied F				pplied For	
Zip Country		Zip		Country		5. Certificate of Status Desired			- \$8.75 Additional			
	6. Name a	nd Address of Curr	ent Registere	d Agent			7. Name and A	ddress of New F	legistered	l Agent		
 -3		-			Name							
AUGSPURGER, JENNIFER L ESQ. 7301 W PALMETTO PK RD STE 101 A BOCA RATON FL 33433-3455						Street Address (P.O. Box Number is Not Acceptable)						
BUCA KA	AION FL 3343	33-3455			City		<u></u>		FI	Zip Coc	ie	
SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered agent and title it applicable.) Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered agent and title it applicable.) Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered agent and title it applicable.) Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered agent and title it applicable.)						\$5.00 May Be Added to Fees Make Check Payable to Department of State						
10.		OFFICERS AND	DIRECTORS	 .	11.		ADDITIONS/CHAN	NGES TO OFFICE	RS AND D	RECTORS IN	J 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	****	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pr Je 7:	esident consifer L. As 301 W. Palm OCA Raton	ugspurger vetto Park	pd.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	اِلا	ce-Preside Joy Bartmi 16 N. Feder Ica Rotton	nt on Esa. al Huy,		□ Change	Addition	
TITLE				☐ Delete	TITLE	Cor	ne comdina	Corneting		Change	noitibba 🔽	

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 Ather like empowered.

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

ATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

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☐ Delete

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Tainmy Salt zman, con.

ynne Hennessey, tea

Boca Raton, FL 33431-738a

370 Camino Gardens Blvd.

Boca Raton, FL 33432-5816

Criades

Vollerie Kanouse 1850.

Boca Katon,

Treasurer

Recording Secretary

4/16/02 391-122 Davime Phone #

33428-4252

Rd Ste 226 A

☐ Change

☐ Change

☐ Addition

FILED

05-20-2002 90085 029 ****61.25

May 20, 2002 8:00 am Secretary of State

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