

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

5/5/2003-91786-018-570.00-570.00

5/1

03 AUG -6 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N05692**  
1. Entity Name  
**Florida Association of Professional  
Family Mediators**

**DO NOT WRITE IN THIS SPACE**

**55048828**

2. Principal Place of Business  
**No Office**  
Subs. Apt. #, etc.

3. Mailing Address  
**P.O. Box 2995**  
Bldg., Apt. #, etc.

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-2526792** Applied For  Not Applicable

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

6. Voluntary Organization  City & State **Lake City, FL** Zip **32056** Country **U.S.**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name **Nancy Blanton, President**  
Street Address (P.O. Box Number is Not Acceptable)  
**P.O. Box 2995**  
**265 SW Vision Glenn** City **Lake City, FL** Zip Code **32056**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Nancy Blanton, President** DATE **4-30-03**

FEE IS \$61.25  
Initial or Amended UBR

B. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>Nancy Blanton - President</b> <b>P.O. Box 2995 (491 SE Penna)</b> <b>Lake City, FL 32056</b>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>Glenn</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>Robert Dulbeke, Treasurer</b> <b>9100 S. Dade Blvd Blvd SE 400</b> <b>Miami, FL 33156</b>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>Laurie P. Farber - Board</b> <b>12094 Old Country Road</b> <b>Wellington, FL 33414</b>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>D</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>Lee Schreiber - Board</b> <b>3949 Evans Ave, Ste 206</b> <b>Fort Myers, FL 33901</b>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>D</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>Gary Feder - Board</b> <b>P.O. Box 249177</b> <b>Coral Gables, FL 33124</b>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>D</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>Meredith J. Cohen, Board</b> <b>P.O. Box 622346</b> <b>Duie do, FL 32762</b>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>D</b>

CFR26037B (12/02)

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Nancy Blanton** DATE **4-30-03** **386-755-1800**

7/8/6