2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90089 038 ****61.25

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DOCUMENT # N30569

1. Entity Name

FLORIDA ACADEMY OF PROFESSIONAL MEDIATORS, INC.

Principal Place of Business	Mailing Address
4741 ATLANTIC BLVD SUITE C JACKSONVILLE FL 32207 US	201 E. UNIVERSITY AVE. #400 GAINESVILLE FL 32601 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5726 SW 99 ST	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GAINESVILLE, FL	City & State
Zip: 32608 Country: USA	Zip Country

4. FEI Number 59-2939082 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAVIS, ROBIN K. 201 E. UNIVERSITY AVE. ROOM 400 GAINESVILLE FL 32601	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CASTAGNA, CHARLES N 410 HILLTOP AVE CLEARWATER FL 33755	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED CASTAGNA, CHARLES N	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BLITMAR, BRUCE A 11762 SW 51 CT COOPER CITY FL 33330	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD TABAS, JEROME R 1470 NE 123 ST. PH-2 MIAMI, FL 33161	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED LEVIN, GERALD H 2132 LAVACA RD. JACKSONVILLE FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LEVIN, GERALD H	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DAVIS, ROBIN K 201 E. UNIVERSITY AVE GAINESVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RENTER, KATHLEEN D 425 N ORANGE AVE RM 120 ORLANDO FL 32801	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DUBOW, SUSAN 100 N. PINE ISLAND ROAD RM 180 PLANTATION, FL 33324	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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 other like empowered.

SIGNATURE: Robin Davis Treasurer 4/20/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #