# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 15, 2003 8:00 am**
**Secretary of State**
01-15-2003 90288 026 ****61.25

DOCUMENT # N30569

1. Entity Name
FLORIDA ACADEMY OF PROFESSIONAL MEDIATORS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5726 SW 99 ST<br>GAINESVILLE FL 32608<br>US | 201 E. UNIVERSITY AVE.<br>#400<br>GAINESVILLE FL 32601<br>US |

☐ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | 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.<br>201 E. UNIVERSITY AVE.<br>ROOM 400<br>GAINESVILLE FL 32601 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PED<br>CASTAGNA, CHARLESN<br>410 HILLTOP AVE<br>CLEARWATER FL 33755 | ☐ Delete | P | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>TABAS, JEROME R<br>1470 NE 123 ST PH2<br>MIAMI FL 33161 | ☒ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>LEVIN, GERALD H<br>2132 LAVACA RD.<br>JACKSONVILLE FL 32207 | ☒ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>DAVIS, ROBIN K<br>201 E. UNIVERSITY AVE<br>GAINESVILLE FL | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>DUBOW, SUSAN<br>100 N PINE IS RD RM 180<br>PLANTATION FL 33324 | ☐ Delete | PED | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | VPD<br>Kimberly Kosch<br>Supreme Court Bldg<br>Tallahassee, FL 32399 | ☐ Change ☒ Addition |

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:** SIGNATURE REQUIRED Treasurer 1/13/03 352-491-4417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)