


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

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90783 036 \*\*\*\*61.25

**DOCUMENT # N50473**

1. Entity Name  
**ASSOCIATION OF BROWARD COUNTY MEDIATORS, INC.**



Principal Place of Business  
**116 SE 6TH CT  
FT. LAUDERDALE FL 33301**

Mailing Address  
**116 SE 6TH CT  
FT. LAUDERDALE FL 33301**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0355827**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FISCHLER, MICHAEL A.  
116 SOUTHEAST 6TH CT  
FT. LAUDERDALE FL 33301**

**7. Name and Address of New Registered Agent**

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

SIGNATURE \_\_\_\_\_ (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**

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>BASS, IRIS M</b>	
STREET ADDRESS	<b>1900 W COMMERCIAL BLVD., #130</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33309</b>	
TITLE	<b>PE</b>	<input type="checkbox"/> Delete
NAME	<b>POTTHOFF, JEANNE E</b>	
STREET ADDRESS	<b>201 SE 6TH STREET, RM 565</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33301</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>ROBIN, ELINOR</b>	
STREET ADDRESS	<b>1600 WEST HILLSBORO BLVD, RM 130</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>GOLDFARH, LINDA</b>	
STREET ADDRESS	<b>3451 NO. HILLS DR</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>SHAW, ROBIN C</b>	
STREET ADDRESS	<b>6503 MILITARY TRAIL, #2000</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33496-2636</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Iris M. Bass</b>	
STREET ADDRESS	<b>1900 W. Commercial Blvd, #130</b>	
CITY-ST-ZIP	<b>Fort Lauderdale, FL 33309</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jeanne E. Potthoff</b>	
STREET ADDRESS	<b>201 SE 6th St, Rm 565</b>	
CITY-ST-ZIP	<b>Fort Lauderdale, FL 33301</b>	
TITLE	<b>PE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELINOR ROBIN</b>	
STREET ADDRESS	<b>1600 W. HILLSBORO BLVD, RM 130</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH, FL 33442</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINDA GOLDFARB</b>	
STREET ADDRESS	<b>3451 NO HILLS DR</b>	
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33021</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Robin Carol Shaw</b>	
STREET ADDRESS	<b>980 N. FEDERAL HWY, #401</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL 33432</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 info empowered.

SIGNATURE: *Robin Carol Shaw* 4/29/03 501/362-5858

CR2E037 (10/02)