

# 2000 UNIFORM BUSINESS REPORT (UBR)

1 of 2

DOCUMENT #

P94000049540

1. Entity Name

FAMILY COURT EDUCATION & MEDIATION SERVICE, INC

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 DEC -3 PM 3:01

Principal Place of Business

Mailing Address

3 SOUTH JOHN YOUNG PARKWAY  
KISSIMMEE, FLORIDA 34741

2. Principal Place of Business

3 SOUTH JOHN PARKWAY

3. Mailing Address

3 SOUTH JOHN YOUNG PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ste 13

ste 13

City & State

City & State

KISSIMMEE FLORIDA 34741

KISSIMMEE FLORIDA 34741

Zip

Country

Zip

Country

4. FEI Number

59-3248563

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

Suzanne H Baines

3 South John Young Parkway  
Kissimmee, Florida 34741

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME Suzanne H Baines ☐ Delete  
STREET ADDRESS 3 S. John Young Parkway  
CITY-ST-ZIP Kissimmee, Fl 34741

TITLE  
NAME 400004728704 ☐ Change ☐ Addition  
STREET ADDRESS -12/17/01--01058--021  
CITY-ST-ZIP \*\*\*\*150.00 \*\*\*\*150.00

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/27/01 407 933 7779

Date

Daytime Phone #

CR2E034 (9/99)

**FAMILY COURT EDUCATION & MEDIATION SERVICES, INC**

FAMILY COURT EDUCATION & MEDIATION SERVICES, INC  
THREE SOUTH JOHN YOUNG PARKWAY STE 13  
KISSIMMEE FLORIDA 34741

Phone 407 931 1778  
Fax 407 931 1758

2 of 2

November 27, 2001

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: P94000049540  
Annual Report

Gentlemen:

Please be advised that this office was not notified or had received the annual report for the year 2001.  
This is the first notificaton we have received.

We are enclosing the annual report with our check in the amount of \$150.00.

Yours truly, .

  
Suzanne (Manning) Baines, President