

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90063 001 ***558.75

DOCUMENT # P96000023353

1. Entity Name
FLORIDA MEDIATION ACADEMY, INCORPORATED

Principal Place of Business

P.O. BOX 1206
 STARKE FL 32091

Mailing Address

P.O. BOX 1206
 STARKE FL 32091



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

RR 1 Box 751

3. Mailing Address

RR 1 Box 751

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Starke FL

City & State

Starke FL

4. FEI Number

59-3375949

Applied For

Not Applicable

Zip

Country

32091 Bradford

Zip

Country

32091 Bradford

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SAUNDRA, GREEN J
 15461 NE 15TH AVE
 P O BOX 1206
 STARKE FL 32091

7. Name and Address of New Registered Agent

Name

Green, Lex

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

RR 1 Box 751

City

Starke FL

FL

Zip Code

32091

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]
 Signature, typed or printed name of registered agent and title if applicable

President

(NOTE: Registered Agent signature required when reinstating)

9-9-02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE PD ☐ Delete
 NAME GREEN, LEX
 STREET ADDRESS 885 W MADISON ST
 CITY-ST-ZIP STARKE FL 32091

TITLE S ☐ Delete
 NAME GREEN, SAUNDRA J
 STREET ADDRESS P.O. BOX 1206 N/A
 CITY-ST-ZIP STARKE FL 32091

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS RR 1 Box 751
 CITY-ST-ZIP

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

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

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TITLE ☐ Change ☐ Addition
 NAME
 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-9-02

Date

904-964-5278

Daytime Phone #

CR2E034 (4/02)