

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

FLORIDA FAMILY MEDIATION, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90108 002 ***150.00

Principal Place of Business

Mailing Address

100 E. LINTON BLVD.
SUITE 146A
DELRAY BEACH, FL 33483

100 E. LINTON BLVD.
SUITE 146A
DELRAY BEACH, FL 33483

2. Principal Place of Business

SAME
Suite, Apt. #, etc.
SAME
City & State
SAME

3. Mailing Address

SAME
Suite, Apt. #, etc.
SAME
City & State
SAME

DO NOT WRITE IN THIS SPACE

Zip
33483

Country
PALM BEACH

Zip
33483

Country
USA

4. FEI Number

65-0724237

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JAMES M. MULLIN (MULLIN)
2263 N.W. BOCA RATON BLVD.
BOCA RATON, FL

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.

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT/SECRETARY/DIRECTOR
SHEILA K. WEISS
9760 C BOCA GARDENS CIR. N
BOCA RATON, FL 33496

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
HARRIET FRIEDBERG
9760 C BOCA GARDENS CIR. N
BOCA RATON, FL 33496

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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: Sheila K. Weiss SHEILA K. WEISS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-18-00

Date

(561) 852-1301

Daytime Phone #

CR2E034 (9/99)