2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State
04-10-2002 90457 049 ****61.25

0028175

DOCUMENT # N50473

1. Entity Name

ASSOCIATION OF BROWARD COUNTY MEDIATORS, INC.

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

DO NOT WRITE IN THIS SPACE

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 65-0355827 ☐ 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
FISCHLER, MICHAEL A. 116 SOUTHEAST 6TH CT FT. LAUDERDALE FL 33301	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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BASS, IRIS M 6800 W COMMERCIAL BLVD, STE 5 LAUDERHILL FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BASS, IRIS M. 1900 W. Commercial Blvd. # 130 Fort Lauderdale, Fl. 33309	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~CAPP AL~~ ~~ONE FINANCIAL PLAZA 1610~~ ~~FT. LAUDERDALE FL~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President-Elect Potthoff, Jeanne E. 201 S.E. 6th Street, Rm 565 ~~Fort Lauderdale, Fl. 33301~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ ~~TEEL, MEAH ROTHMAN~~ ~~11081 N W 12TH DRIVE~~ ~~CORAL SPRINGS FL 33071~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ELINOR ROBIN 1600 West Hillsboro Blvd. Room 130 Deerfield Beach, Fl. 33442	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~WAXMAN, GERALDINE L~~ ~~4950 N PINE ISLAND RD~~ ~~LAUDERHILL FL~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GOLDFARH, LINDA 3451 NO. HILLS DR HOLLYWOOD FL 33021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GOLDFARB, LINDA	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SHAW, ROBIN CARAL 6503 Military Trail, # 2000 Boca Raton, Fl. 33496-2636	☐ Change ☒ Addition

CR2E037 (9/01)

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 ROBIN CARAL SHAW Treasurer 4/1/02 (561)912-0905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #