

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002737

1. Entity Name

SOUTHWEST FLORIDA ROMANCE WRITERS, INC.

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90136 035 \*\*\*\*61.25

Principal Place of Business	Mailing Address
MEYERS, BARBARA 5381 SYCAMORE DR NAPLES FL 34119-3921 US	MYERS, BARBARA 5381 SYCAMORE DR NAPLES FL 34119-3921 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
THOMPSON, NANCY L Suite, Apt. #, etc. 707 REEF POINT CIRCLE City & State NAPLES, FL Zip 34108-8702 Country USA	THOMPSON, NANCY L Suite, Apt. #, etc. 707 REEF POINT CIRCLE City & State NAPLES FL Zip 34108-8702 Country USA

4. FEI Number	Applied For
74-2641648	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	Additional Fee Required
<input type="checkbox"/>	\$8.75

6. Name and Address of Current Registered Agent

HUGHES, KRISTINE  
1101 ROSEMARY CT  
A105  
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name  
MEYERS, BARBARA  
Street Address (P.O. Box Number is Not Acceptable)  
5381 SYCAMORE DRIVE  
City  
NAPLES FL Zip Code  
34119-3921

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 Barbara Meyers BARBARA MEYERS 1-22-2000  
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HUGHES, KRISTINE	
STREET ADDRESS	1101 ROSEMARY CT, A105	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WAINSCOTT, TINA	
STREET ADDRESS	5881 28TH AVENUE SW	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MEYERS, BARBARA	
STREET ADDRESS	5381 SYCAMORE DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	AMBROSE, MARTHA	
STREET ADDRESS	12780 AUBREY LANE	
CITY-ST-ZIP	BOKEELIA FL 33922	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYERS, BARBARA	
STREET ADDRESS	5381 SYCAMORE DRIVE	
CITY-ST-ZIP	NAPLES, FL 34119-3921	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition address
NAME	WAINSCOTT, TINA	
STREET ADDRESS	5881 PAINTED LEAF LANE	
CITY-ST-ZIP	NAPLES, FL 34116	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMPSON, NANCY L	
STREET ADDRESS	707 REEF POINT CIRCLE	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 like empowered.

SIGNATURE: Barbara Meyers BARBARA MEYERS 1-22-2000 941-352-6944  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #