

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90104 030 \*\*\*\*61.25

**DOCUMENT # N93000002737**

1. Entity Name

**SOUTHWEST FLORIDA ROMANCE WRITERS, INC.**

Principal Place of Business

Mailing Address

THOMPSON NANCY L  
 707 REEF POINT CIRCLE  
 NAPLES FL 34119-3921  
 US

THOMPSON NANCY L  
 707 REEF POINT CIRCLE  
 NAPLES FL 34119-3921  
 US

2. Principal Place of Business

3. Mailing Address

**O'KEY DIANE R.**

**129 S.W. 13<sup>th</sup> TERRACE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**CAPE CORAL, FL**

**CAPE CORAL, FL**

Zip

Country

Zip

Country

**33991**

**USA**

**33991**

**USA**

4. FEI Number

**74-2641648**

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

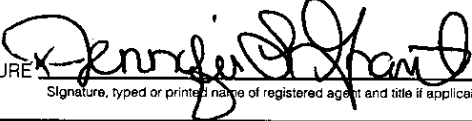
MEYERS, BARBARA  
 5381 SYCAMORE DRIVE  
 NAPLES FL 34119

Name **GRANT, JENNIFER L.**

Street Address (P.O. Box Number is Not Acceptable)  
**8940 COLONNADES CT., E #124**

City **BONITA SPRINGS, FL** Zip Code **34135**

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 

**JENNIFER L. GRANT 4/27/02**

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

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, JENNIFER L.	
STREET ADDRESS	8940 COLONNADES CT., E #124	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hallberg, Lynnette	
STREET ADDRESS	2442 44th St SW	
CITY-ST-ZIP	Naples, FL 34116	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'KEY, DIANE R.	
STREET ADDRESS	129 S.W. 13 <sup>th</sup> TERRACE	
CITY-ST-ZIP	CAPE CORAL, FL 33991	
TITLE	JD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, JOYCE	
STREET ADDRESS	16150 BAY POINTE BLVD. N.E.,	
CITY-ST-ZIP	DO. FT. MYERS, FL 33917 B-307	
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:  **DIANE R. O'KEY 4/27/02** 941-574-9563

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)