

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2001 8:00 am
Secretary of State

08-06-2001 90006 026 ***550.00

DOCUMENT # N98000005955

1. Entity Name

FLORIDA ASSOCIATION OF MEMBERSHIP EXECUTIVES, IN

Principal Place of Business Mailing Address
 2268 MIDDLETON AVENUE P.O. BOX 4895
 WINTER PARK FL 32792 WINTER PARK FL 32793
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 1626 SE Port St Lucie Blvd Suite, Apt. #, etc.

City & State City & State
 Port St Lucie, FL Port St Lucie, FL
 Zip Country Zip Country
 34952 ST LUCIE

4. FEI Number Applied For
 59-3532439 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ORLANDO, MICHELLE
 2268 MIDDLETON AVE
 WINTER PARK FL 32792

7. Name and Address of New Registered Agent
 Name: STACI A. STORMS
 Street Address (P.O. Box Number is Not Acceptable):
 1626 SE Port St Lucie Blvd
 City: Port St Lucie FL Zip Code: 34952

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: *Staci A Storms*
Signature, typed or printed name of registered agent and title if applicable.

7-27-01
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
 After September 12, 2001, min. will be \$236.25

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		
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FRIESS, LINDA	
STREET ADDRESS	64 SE FIFTH AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MAST, SANDRA	
STREET ADDRESS	1983 PGA BOULEVARD, STE. 104	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33428	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SHED, WENDY	
STREET ADDRESS	50 ARAGON AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	PPD	<input checked="" type="checkbox"/> Delete
NAME	STUBBS, JEAN	
STREET ADDRESS	2200 EAST ATLANTIC BLVD.	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BURCHFIELD, ROBIN	
STREET ADDRESS	1 RIBERIA STREET	
CITY-ST-ZIP	ST. AUGUSTINE FL 33084	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAGGETT, ALAN	
STREET ADDRESS	35 LAKE MORTON DR	
CITY-ST-ZIP	LAKELAND FL 33802	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STACI STORMS	
STREET ADDRESS	1626 SE Port St Lucie Blvd	
CITY-ST-ZIP	PORT ST LUCIE, FL: 34952	
TITLE	PRESIDENT ELECT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wendy SHEA	
STREET ADDRESS	50 Aragon Ave	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom Pelli	
STREET ADDRESS	1650 So Kerner Highway	
CITY-ST-ZIP	SHARPT, FL 34994	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patricia Beneth	
STREET ADDRESS	330 No Federal Highway	
CITY-ST-ZIP	Hollywood, FL 33026	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Phyllis Hamm	
STREET ADDRESS	110 East Silver Springs Blvd.	
CITY-ST-ZIP	Ocala, FL 34470	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nancy O'Connor	
STREET ADDRESS	1601 Biscayne Blvd.	
CITY-ST-ZIP	Miami, FL 33132	

CP2E037 (5/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Staci A Storms*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-27-01
Date Daytime Phone #