

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702262

1. Entity Name

FLORIDA COURT REPORTERS ASSOCIATION, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90025 041 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business SUITE 101 222 S. WESTMONTE DRIVE ALTAMONTE SPRINGS FL 32714	Mailing Address SUITE 101 222 S. WESTMONTE DRIVE ALTAMONTE SPRINGS FL 32714-4268
--	---

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 59-1091007	Applied For ☐ Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent KAUTTER, TINA SUITE 101 222 S. WESTMONTE DRIVE ALTAMONTE SPRINGS FL 32714

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 _____

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE WILLIAMS, FREIDA 402 S KENTUCKY AVE., #390 LAKELAND FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MENDENHALL, ANN 200 E. ROINSON -STE 825 ORLANDO FL 32801 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KING, SHIRLEY 14 SUNTREE PL #101 MELBOURNE-VIERA FL 32940 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEIRZBICKI, MICHAEL 220 W. GARDEN ST. PENSACOLA FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BENDER, CINDY 717-2 NE 12 TERR BOYNTON BCH FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED KAUTTER, TINA 222 S WESTMONTE DR #101 ALTAMONTE SPRINGS FL ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Vouvakis, George 128 Live Oak Ave Daytona Beach FL 32126 ☐ Change ☒ Addition
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00 407-774-7880

Date

Daytime Phone #

CR2E037 (9/99)