

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 702262**

1. Entity Name

FLORIDA COURT REPORTERS ASSOCIATION, INC.

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

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

7. Name and Address of New Registered Agent

KAUTTER, TINA
SUITE 101
222 S. WESTMONTE DRIVE
ALTAMONTE SPRINGS FL 32714

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	PE WILLIAMS, FREIDA 402 S KENTUCKY AVE., #390 LAKELAND FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VOUVAKIS, GEORGE 128 LIVE OAK AVE DAYTONA BCH FL 32126	☒ 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE/D	☒ 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: Tina Kautter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01

Date

407-774-7880

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)