2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90013 041 ****61.25

DOCUMENT # 702262

1. Entity Name

FLORIDA COURT REPORTERS ASSOCIATION, INC.

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

DO NOT WRITE IN THIS SPACE

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 Tina Kautter 4/16/02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PP WILLIAMS, FREIDA 402 S KENTUCKY AVE., #390 LAKELAND FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED Kundid, Paulita 150 S Palmetto Ave #101 Daytona Beach FL 32114	☐ Change ☒ Addition
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	 Stephenson, Mary 299 Alhambra Circle #223 Coral Gables FL 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KING, SHIRLEY 14 SUNTREE PL #101 MELBOURNE-VIERA FL 32940	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED WEIRZBICKI, MICHAEL 220 W. GARDEN ST. PENSACOLA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P	☒ Change ☐ Addition
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		☐ Change ☐ Addition
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		☐ Change ☐ Addition

CR2E037 (9/01)

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 REQUIRED Tina Kautter 4/16/02 407-774-7880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #