

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702262

1. Entity Name

FLORIDA COURT REPORTERS ASSOCIATION, INC.

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90013 041 ****61.25

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

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**

DO NOT WRITE IN THIS SPACE



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

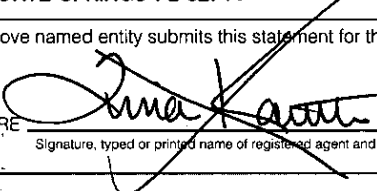
Street Address (P.O. Box Number is Not Acceptable)

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 **4/16/02**

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 PP ☒ Delete
 NAME WILLIAMS, FREIDA
 STREET ADDRESS 402 S KENTUCKY AVE., #390
 CITY-ST-ZIP LAKELAND FL

TITLE PED ☐ Change ☒ Addition
 NAME Kundid, Paulita
 STREET ADDRESS 150 S Palmetto Ave #101
 CITY-ST-ZIP Daytona Beach FL 32114

TITLE T ☐ Delete
 NAME VOUVAKIS, GEORGE
 STREET ADDRESS 128 LIVE OAK AVE
 CITY-ST-ZIP DAYTONA BCH FL 32126

TITLE ☒ Change ☐ Addition
 NAME Stephenson, Mary
 STREET ADDRESS 299 Alhambra Circle #223
 CITY-ST-ZIP Coral Gables FL 33134

TITLE P ☐ Delete
 NAME KING, SHIRLEY
 STREET ADDRESS 14 SUNTREE PL #101
 CITY-ST-ZIP MELBOURNE-VIERA FL 32940

TITLE PP ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE PED ☐ Delete
 NAME WEIRZBICKI, MICHAEL
 STREET ADDRESS 220 W. GARDEN ST.
 CITY-ST-ZIP PENSACOLA FL

TITLE P ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD ☐ Delete
 NAME BENDER, CINDY
 STREET ADDRESS 717-2 NE 12 TERR
 CITY-ST-ZIP BOYNTON BCH FL

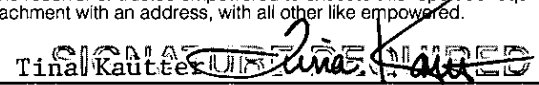
TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ED ☐ Delete
 NAME KAUTTER, TINA
 STREET ADDRESS 222 S WESTMONTE DR #101
 CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE ☐ Change ☐ 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:


 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/02

407-774-7880

CR2E037 (9/01)