

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748037

1. Entity Name

FLORIDA STATE POETS ASSOCIATION, INC.

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

02-20-2000 90048 021 ****61.25

Principal Place of Business

Mailing Address

955 THOMPSON CT
MELBOURNE FL 32935
US

955 THOMPSON CT
MELBOURNE FL 32935-4146
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1790844

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WARD, COLEEN
955 THOMPSON CT
MELBOURNE FL 32935

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

Coleen Ward

Coleen Ward

1-15-00

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	VD	<input type="checkbox"/> Delete
NAME	PALOZZI, JOHN	
STREET ADDRESS	931 SOUTH D ST	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ESKER, VALERIE	
STREET ADDRESS	400 S. JEFFERSON ST.	
CITY-ST-ZIP	BEVERLY HILLS FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WARD, COLEEN	
STREET ADDRESS	955 THOMPSON CT.	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TEACHWORTH, GAIL	
STREET ADDRESS	5255 N HANNELORE TERR	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEUMAN, CARRIE	
STREET ADDRESS	1311 SE 4TH AVE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHAPPELL, LINDA	
STREET ADDRESS	350 WARWICK AVE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patti Hannaway
STREET ADDRESS	26744 Glenhaven Road
CITY-ST-ZIP	Wesley Chapel, FL 33544

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:

Coleen Ward **REQUIRE** *Coleen Ward*

1-15-00 *(321) 952-4920*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)