

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90085 003 ****61.25

DOCUMENT # 761503 ✓
1. Entity Name
Human Resource Management Association
of Southwest Florida, Inc.

Principal Place of Business Mailing Address
5130 Harborage Drive same
Ft. Myers, FL 33908

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 59-1620330
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

Vlasak-Snell, Mary
1833 Hendry Street
Ft. Myers, FL 33901

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

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	President	☐ Delete
NAME	Teresa Dudek	
STREET ADDRESS	2131 Andrea Lane	
CITY-ST-ZIP	Ft. Myers, FL 33912	
TITLE	Vice President	☐ Delete
NAME	Todd York	
STREET ADDRESS	1500 Colonial Blvd. Ste. 102	
CITY-ST-ZIP	Ft. Myers, FL 33907	
TITLE	Treasurer	☐ Delete
NAME	Jill Lampley	
STREET ADDRESS	5130 Harborage Drive	
CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE	Secretary	☐ Delete
NAME	Joan Jakobi	
STREET ADDRESS	12635 S. Cleveland Ave	
CITY-ST-ZIP	Ft. Myers, FL 33907	
TITLE	Director	☐ Delete
NAME	Stacey Bishop	
STREET ADDRESS	P.O. Box 2425	
CITY-ST-ZIP	Ft. Myers, FL 33902	
TITLE	Director	☐ Delete
NAME	Jacqueline Waring	
STREET ADDRESS	5521 Division Drive	
CITY-ST-ZIP	Ft. Myers, FL 33905	

TITLE	Director	☐ Change ☐ Addition
NAME	Jerry Elliott	
STREET ADDRESS	8250 College Parkway, #103	
CITY-ST-ZIP	Ft. Myers, FL 33919	
TITLE	Director	☐ Change ☐ Addition
NAME	John Potanovic	
STREET ADDRESS	P.O. Box 280	
CITY-ST-ZIP	Ft. Myers, FL 33902	
TITLE	Director	☐ Change ☐ Addition
NAME	Pam Fairfax	
STREET ADDRESS	10501 FCCU Blvd South	
CITY-ST-ZIP	Ft. Myers, FL 33965	
TITLE	Director	☐ Change ☐ Addition
NAME	Jennifer Cave-Smith	
STREET ADDRESS	2830 Winkler Ave #104	
CITY-ST-ZIP	Ft. Myers, FL 33916	
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: Jill Lampley Jill Lampley 3/23/00 941-489-9163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)