## 2002 UNIFORM BUSINESS REPORT (UBR) FILED Apr 23, 2002 8:00 am Secretary of State DOCUMENT # 761503 1. Entity Name **HUMAN RESOURCE MANAGEMENT ASSOCIATION OF SOUTHWE** 04-23-2002 90366 002 \*\*\*\*61 ST FLORIDA, INC. Principal Place of Business Mailing Address 8250 COLLEGE PARKWAY, #103 8250 COLLEGE PARKWAY, #103 FORT MYERS FL 33919 FORT MYERS FL 33919 2. Principal Place of Business 3. Mailing Address 715 Mongoe 40 Box 980 street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For tort M toet Mi 59-1620330 Not Applicable Country 1)SA Country Zip \$8.75 Additional 5. Certificate of Status Desired П 3390**2** Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) VLASAK-SNELL, MARY 1833 HENDRY ST FORT MYERS FL 33901 City 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** (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 4. 4. 3. 病毒 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE X Change ☐ Addition Duock, Teeesa NAME DUDEK, TERESA NAME STREET ADDRESS 2131 Andrea Lane 2131 ANDREA LANE STREET ADDRESS CITY-ST-7IP Fort Myers, tz CITY-ST-7IP FORT MYERS FL 33912 TITLE Delete TITLE Change Addition | BISHOP, STACEY Sproot, Vicki NAME NAME inis monroe Street STREET ADDRESS P O BOX 2425 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33902 3390 +, Huers, Fr TITLE Delete TITI F Change - Addition Juntikka Steve 19361 Pine Gilen Drive NAME ELLIOTT, JERRY NAME STREET ADDRESS 8250 COLLEGE PARKWAY, #103 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33919 ☐ Delete TITLE Change ☐ Addition Waring, Jacquie NAME Jacquie STREET ADDRESS 5521 DIVISION DRIVE STREET ADDRESS Divistan CITY-ST-ZIP CITY-ST-ZIP Fort Myers FL 33905 ☐ Delete TITLE TITLE Change X Addition NAME FAIRFAX, PAMELA NAME lth Dock Circle STREET ADDRESS STREET ADDRESS P O BOX 60210 CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33906 Delete TITLE \*\* Change ☐ Addition NAME PIGOT, KRISTY NAME STREET ADDRESS P O BOX 2218 STREET ADDRESS CITY-ST-ZIP 33902 FT MYERS FL 33902 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

GNATURE: COSTONIO DE LA Lashey 4/10/02 239/337.840

all other like empowered

changed, or on an attachment with an address, with

Attachment #701503

Addendum to 2002 Uniform Business Report

Block 11:

Addition: T

Lashey, Joanne 1715 Monroe Street Fort Myers, FL 33901

**VPM** 

Sullivan, Margaret (Peggi)

P.O. Box 399

Fort Myers, FL 33902