2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 06, 2001 8:00 am
Secretary of State
02-06-2001 90329 047 ****61.25

DOCUMENT # N00000004053

1. Entity Name

SOUTHWEST FLORIDA AREA LOCAL AMERICAN POSTAL WORKER'S UNION

Principal Place of Business	Mailing Address
11000 METRO PARWAY SUITE 8 FT. MYERS FL 33912	11000 METRO PARWAY SUITE 8 FT. MYERS FL 33912

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 59-1837980 ☐ 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
~~HUSTON, ROBERT~~ ~~11609-32 S. CLEVELAND AVE.~~ ~~FT. MYERS FL 33907~~ "SAMUEL WOOD" SOUTHWEST FLORIDA AREA LOCAL, INC. AMERICAN POSTAL WORKERS UNION 11000 METRO PARKWAY, SUITE 8 FORT MYERS, FLORIDA 33912	Name: SAMUEL WOOD SOUTHWEST FLORIDA AREA LOCAL, INC. AMERICAN POSTAL WORKERS UNION Street Address (P.O. Box Number is Not Acceptable): 11000 METRO PARKWAY, SUITE 8 City: FORT MYERS, FLORIDA 33912 FL Zip Code 33912

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] 2-1-01

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	Jim Lee II Dir-Clerk ☒ Delete 11609-32 S. Cleveland Ave FMY FL 33907	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Samuel E Wood 11000 Metro Pkwy #8 FMY FL 33912 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Robert Huston Pres ☒ Delete 11609-32 S. Cleveland Ave FMY FL 33907	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ViPresident Joyce Kelly 11000 Metro Pkwy #8 FMY FL 33912 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director-Clerk Don Carpus 11000 Metro Pkwy #8 FMY FL 33912 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	trustee John Kusicko 11000 Metro Pkwy #8 FMY FL 33912 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	trustee Christine Girard 11000 Metro Pkwy #8 FMY FL 33912 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	trustee Robert Huston 11000 Metro Pkwy #8 FMY FL 33912 ☐ Change ☒ Addition

CR2E037 (10/00)

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 REQUIRED 1-31-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #