

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90178 032 \*\*\*\*\*61.25

**DOCUMENT # N00000004053**

1. Entity Name

**SOUTHWEST FLORIDA AREA LOCAL AMERICAN POSTAL WORKERS UNION AFL-CIO, INC.**

Principal Place of Business

Mailing Address

**11000 METRO PARKWAY  
 SUITE 8  
 FT. MYERS FL 33912**

**11000 METRO PARKWAY  
 SUITE 8  
 FT. MYERS FL 33912**

**B0024469**



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

**59-1837980**

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

**WOOD, SAMUEL  
 SOUTHWEST FLORIDA AREA LOCAL, INC.  
 APWU 11000 METRO PARKWAY, SUITE #8  
 FT. MYERS FL 33907**

Name

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

City

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/28/02**

**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 ☐ Delete  
 NAME **P**  
 STREET ADDRESS **WOOD, SAMUEL E**  
 CITY-ST-ZIP **11000 METRO PARKWAY, SUITE #8  
 FORT MYERS FL 33912**

TITLE ☐ Change ☒ Addition  
 NAME **Secy-treas S-T**  
 STREET ADDRESS **Cespedes, KATHLEEN**  
 CITY-ST-ZIP **11000 Metro Pkwy #8  
 FMY FL 33912**

TITLE ☐ Delete  
 NAME **VP**  
 STREET ADDRESS **KELLY, JOYCE**  
 CITY-ST-ZIP **11000 METRO PARKWAY, SUITE #8  
 FORT MYERS FL 33912**

TITLE ☐ Change ☒ Addition  
 NAME **ROBERT SOLTZ**  
 STREET ADDRESS **MAINT DIR**  
 CITY-ST-ZIP **11000 Metro Pkwy #8  
 FMY FL 33912**

TITLE ☐ Delete  
 NAME **DC**  
 STREET ADDRESS **CAIPIUS, DON**  
 CITY-ST-ZIP **11000 METRO PARKWAY, SUITE #8  
 FORT MYERS FL 33912**

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

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **KUSICKO, JOHN**  
 CITY-ST-ZIP **11000 METRO PARKWAY, SUITE #8  
 FORT MYERS FL 33912**

TITLE ☐ Change ☒ Addition  
 NAME **Editor**  
 STREET ADDRESS **LYNNE CRAM**  
 CITY-ST-ZIP **11000 Metro Pkwy #8  
 FMY FL 33912**

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **GIRARD, CHRISTINE**  
 CITY-ST-ZIP **11000 METRO PARKWAY, SUITE #8  
 FORT MYERS FL 33912**

TITLE ☐ Change ☒ Addition  
 NAME **DIRECTOR MVC D**  
 STREET ADDRESS **JOHN MANN**  
 CITY-ST-ZIP **11000 Metro Pkwy #8  
 FMY FL 33912**

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **HUSTON, ROBERT**  
 CITY-ST-ZIP **11000 METRO PARKWAY, SUITE #8  
 FORT MYERS FL 33912**

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:

**Kathleen M. Cespedes**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-28-02 275-1007**

CR2E037 (9/01)