

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # N06889

1. Entity Name

SOUTHWEST FLORIDA ASSOCIATION OF SCHOOL PSYCHOLO

FILED

May 31, 2000 8:00 am  
Secretary of State

04-21-2000 90178 023 \*\*\*\*61.25

Principal Place of Business

4020 SE 20TH PL  
APT F3  
CAPE CORAL FL 33904  
US

Mailing Address

4020 SE 20TH PL  
APT F3  
CAPE CORAL FL 33904-8049  
US

2. Principal Place of Business

9350 CAMELOT DR. ~~9350~~

3. Mailing Address

9350 CAMELOT DR.

Suite, Apt. #, etc.

SUITE B

Suite, Apt. #, etc.

SUITE B

City & State

FT. MYERS, FL

City & State

FT. MYERS, FL

Zip

33919

Country

US

Zip

33919

Country

US

4. FEI Number

59-2472278

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

NELSON, LINDA  
4020 SE PL  
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

ANN DUFFALA

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

9350 CAMELOT DRIVE, SUITE B

City

FT. MYERS

FL

Zip Code

33919

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

*Ann Duffala*

*Treasurer*

4/13/00

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

TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	NELSON, LINDA	
STREET ADDRESS	4020 SE 20TH PL #F3	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ROSS, KAREN	
STREET ADDRESS	11692 QUAIL VILLAGE WAY	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	DUFFALA, ANN	
STREET ADDRESS	3534 SE 19TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	<del>DP</del>	<input type="checkbox"/> Delete
NAME	<del>ROSS, KAREN</del>	
STREET ADDRESS	<del>11692 QUAIL VILLAGE WAY</del>	
CITY-ST-ZIP	<del>NAPLES FL 34119</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EMERY, HAMILTON	
STREET ADDRESS	2177 MYATT DR.	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUFFALA, ANN	
STREET ADDRESS	9350 CAMELOT DRIVE, SUITE B	
CITY-ST-ZIP	FT. MYERS, FL 33919	
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITACRE, ROGER	
STREET ADDRESS	460 FOUNTAIN ST.	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953	
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		

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:

*Ann Duffala*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00 (941)481-8255

Date

Daytime Phone #

CR2E037 (9/99)