

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 05, 2001 8:00 am  
Secretary of State

04-05-2001 90037 046 \*\*\*\*\*61.25

DOCUMENT # N06889

1. Entity Name

SOUTHWEST FLORIDA ASSOCIATION OF SCHOOL PSYCHOLO

Principal Place of Business

Mailing Address

9350 CAMELOT DR  
STE B  
FORT MYERS FL 33919  
US

9350 CAMELOT DR  
STE B  
FORT MYERS FL 33919  
US

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

59-2472278

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

DUFFALA, ANN  
9350 CAMELOT DR  
STE B  
FORT MYERS FL 33919

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

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  
DP  
EMERY, HAMILTON  
2177 HYATT DR  
PORT CHARLOTTE FL 33948 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
EMERY, HAMILTON  
2177 HYATT DR  
PORT CHARLOTTE, FL 33948 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
ROSS, KAREN  
11692 QUAIL VILLAGE WAY  
NAPLES FL 34119 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
NEEDHAM, CHRISTINE  
17316 PILOX DRIVE  
FT. MYERS, FL 33912 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
DUFFALA, ANN  
9350 CAMELOT DR, STE B  
FORT MYERS FL 33919 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WHITACRE, ROGER  
460 FOUNTAIN ST  
PORT CHARLOTTE FL 33953 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D/P  
WHITACRE, ROGER  
460 FOUNTAIN ST  
PORT CHARLOTTE, FL 33953 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D/S  
SANBORN, ALEXANDRIA  
4060 RAINBOW CIRCLE  
LABELLE, FL 33935 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DEVLIN, JANICE  
2313 ARBOUR WALK CIRCLE #124  
NAPLES, FL 34109 ☐ Change ☒ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/01

(941) 481-8255

CR2E037 (10/00)