

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

0047074

**DOCUMENT # N06889**

1. Entity Name

**SOUTHWEST FLORIDA ASSOCIATION OF SCHOOL PSYCHOLOGISTS, INC.**

04-02-2002 90143 017 \*\*\*\*61.25

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

4. FEI Number

**59-2472278**

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

**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 **D** ☒ Delete  
 NAME **EMERY, HAMILTON**  
 STREET ADDRESS **2177 HYATT DR**  
 CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

TITLE **D** ☐ Change ☒ Addition  
 NAME **MARILYN REYNOLDS**  
 STREET ADDRESS **5219 WEDGEWOOD LANE**  
 CITY-ST-ZIP **SARASOTA, FL 34235**

TITLE **D** ☐ Delete  
 NAME **NEEDHAM, CHRISTINE**  
 STREET ADDRESS **17316 PH LOX DRIVE**  
 CITY-ST-ZIP **FORT MYERS FL 33912**

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

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

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

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

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

TITLE **DS** ☐ Delete  
 NAME **SANGORN, ALEXANDRIA**  
 STREET ADDRESS **4060 RAINBOW CIRCLE**  
 CITY-ST-ZIP **LABELLE FL 33935**

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

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

TITLE **D** ☐ Change ☒ Addition  
 NAME **CHRISTIE PECORE**  
 STREET ADDRESS **5645 FOXLAKE DR.**  
 CITY-ST-ZIP **N. FT. MYERS, FL 33917**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**SIGNATURE** *ANN DUFFALA* **3/26/02** **(941)481-8253**

CR2E037 (9/01)