2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State
03-12-2001 90497 026 ****61.25

0051302

DOCUMENT # N17101

1. Entity Name

FLORIDA ROMANCE WRITERS, INC.

Principal Place of Business	Mailing Address
3003 FERNWOOD DRIVE BOYNTON BEACH FL 33435 US	C/O CAROL STEPHENSON PO BOX 3397 BOYNTON BEACH FL 33424 US

D0024525

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 76-0237716 ☐ 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
STEPHENSON, CAROL J 3003 FERNWOOD DR BOYNTON BEACH FL 33435	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	P/D STEPHENSON, CAROL J 3003 FERNWOOD DR BOYNTON BEACH FL 33435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CREEKMORE, DONNA R 7361 SW 6TH ST PLANTATION FL 33323	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D BUTLEE, JUDI 6448 COUNTRY FAIR CIR BOYNTON BEACH FL 33437	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D Debra Andrews 2865 NE 24 Street Ft. Laud, FL 33305	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D WASHBURN, JAN 4693 SW 19 STREET FORT LAUDERDALE FL 33317	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Kathleen Pickering 2810 NE 37th Court Ft. Laud, FL 33308	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D THOMASON, CYNTHIA 12830 SW 10 COURT DAVIE FL 33325	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Charlene Newberg 4061 SW 82nd Terr. Davie, FL 33328	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Debra Andrews SIGNATURE REQUIRED 3/2/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #