NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
05-01-2002 91521 041 ****61.25

DOCUMENT # N17101

1. Entity Name
Florida Romance Writers, Inc.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
~~NANCY~~ 7200 SW 6 St	PO BOX 17756
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Plantation FL	Plantation FL
City & State	City & State
Zip 33317 Country USA	Zip 33318 Country USA

4. FEI Number 760237716 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Donna Creekmore

Street Address (P.O. Box Number is Not Acceptable): 7361 SW 6th St.

City: Plantation FL Zip Code: 33317

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: Donna Creekmore 4-18-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DONNA CREEKMORE, TREASURER DATE 4-20-02

FEE IS $61.25 Initial or Amended UBR

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	P/D
NAME	Nancy Cohen
STREET ADDRESS	7200 SW 6 Street
CITY-ST-ZIP	Plantation, FL 33317
TITLE	V/D
NAME	Amy Leitman
STREET ADDRESS	8335 SW 72 Ave., #103
CITY-ST-ZIP	Miami, FL 33143
TITLE	T/D
NAME	Donna Creekmore
STREET ADDRESS	7361 SW 6 Street
CITY-ST-ZIP	Plantation, FL 33317
TITLE	S/D
NAME	Kathleen Pickering
STREET ADDRESS	2810 NE 37 Court
CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	S/D
NAME	April Wright
STREET ADDRESS	7770 Thornlee Drive
CITY-ST-ZIP	Lake Worth, FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Amy Leitman AMY LEITMAN 4/18/02 (305)663-5779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #