

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22029

1. Entity Name

SOUTHWEST CHAPTER OF THE FLORIDA ASSOCIATION OF MORTGAGE BROKERS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 61021
FORT MYERS FL 33916

P.O. BOX 61021
FORT MYERS FL 33916

2. Principal Place of Business

P O Box 152502

3. Mailing Address

P O Box 152502

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Cape Coral FL

City & State
Cape Coral FL

Zip
33990

Country

Zip
33990

Country

4. FEI Number

59-2949864

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

SMITH, KAREN J
1292 CEDAR CENTER DRIVE
TALLAHASSEE FL 32301

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
NAME THOMPSON, BLAYNE
STREET ADDRESS 24196 YACHT CLUB BLVD.
CITY-ST-ZIP PUNTA GORDA FL 33955 ☐ Delete

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

TITLE P
NAME COX, LISA
STREET ADDRESS 104 HALL STREET
CITY-ST-ZIP LABELLE FL 33935 ☒ Delete

TITLE P
NAME DON KENNY
STREET ADDRESS P O Box 510625
CITY-ST-ZIP PUNTA GORDA, FL 33951 ☐ Change ☒ Addition

TITLE VP
NAME TRUEBLOOD, DENISE
STREET ADDRESS 8250 COLLEGE PARKWAY 201A
CITY-ST-ZIP FORT MYERS FL 33919 ☒ Delete

TITLE T
NAME VICKIE M WELLS
STREET ADDRESS 1510-2 HANCOCK BRDG PKWY
CITY-ST-ZIP CAPE CORAL FL 33990 ☐ Change ☒ Addition

TITLE S
NAME ROBBINS, KEVIN
STREET ADDRESS PO BOX 895
CITY-ST-ZIP SANIBEL FL 33957 ☒ Delete

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

TITLE D
NAME BOLT, NANCY
STREET ADDRESS 6315 PRESIDENTIAL COURT
CITY-ST-ZIP FORT MYERS FL 33919 ☐ Delete

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

TITLE D
NAME REDIC, JAMES
STREET ADDRESS 5760 SHIRLEY ST. BLD. 2 #14
CITY-ST-ZIP NAPLES FL 33919 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

VICKIE M WELLS

04/01/02 941-573-7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E037 (9/01)

0083507

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90653 018 ****61.25



DO NOT WRITE IN THIS SPACE