

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

N37529

1. Entity Name

Florida Motion Picture and Television Association, Inc./Southwest Chapter

Principal Place of Business

Mailing Address

2. Principal Place of Business

9280 Bayberry Bend

Suite, Apt. #, etc.

#104

3. Mailing Address

P.O. 2616

Suite, Apt. #, etc.

City & State

Ft. Myers, FL

Zip

33908

Country

USA

City & State

Naples, FL

Zip

34106

Country

USA

4. FEI Number

59-2535725

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Constance Tibbetts
1960 River Reach Drive
Ste 190
Naples, FL 34104

7. Name and Address of New Registered Agent

Name

Alvin P. Quinn

Street Address (P.O. Box Number Is Not Acceptable)

9280 Bayberry Bend #104

City

Ft. Myers

FL

Zip Code 33908

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]

(NOTE: Registered Agent signature required when reinstating)

3/13/00

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	Quinn, Alvin P.	
STREET ADDRESS	9280 Bayberry Bend #104	
CITY-ST-ZIP	Ft. Myers, 33908	
TITLE	VD	<input type="checkbox"/> Delete
NAME	Amore, William S.	
STREET ADDRESS	P.O. Box 61053 N/A	
CITY-ST-ZIP	Ft. Myers, FL 33912	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	Barnette, Steve	
STREET ADDRESS	1633 Country Club Pkwy	
CITY-ST-ZIP	Lehigh, FL 33972	
TITLE	SD	<input type="checkbox"/> Delete
NAME	Ford, D. S.	
STREET ADDRESS	6330 Briarcliff Road	
CITY-ST-ZIP	Ft. Myers, FL 33912	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	Tibbetts, Constance	
STREET ADDRESS	1960 River Reach Dr, Ste 190	
CITY-ST-ZIP	Naples, FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Muck, Geri	
STREET ADDRESS	5037 Tamiami Trail East	
CITY-ST-ZIP	Naples, FL 34113	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marcy Krumbine	
STREET ADDRESS	170 12th St. NE	
CITY-ST-ZIP	Naples, FL 34120	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/00 941-432-1028

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90149 016 ****70.00

950412

DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)