

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37599

1. Entity Name

FLORIDA MOTION PICTURE AND TELEVISION ASSOCIATION, INC./SOUTHWEST CHAPTER

Principal Place of Business

14590 GLEN COVE DR
#402
FORT MYERS FL 33919
US

Mailing Address

P.O. BOX 2616
NAPLES FL 34106

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

59-2535725

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

QUINN, ALVIN P
14590 GLEN COVE DR #402
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 PD
NAME QUINN, ALVIN P
STREET ADDRESS 9280 BAYBERRY BEND #104
CITY-ST-ZIP FT MYERS FL 33908 ☐ Delete

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

TITLE VD
NAME MUCK, GERI
STREET ADDRESS 5037 TAMiami TRAIL E
CITY-ST-ZIP NAPLES FL 34113 ☒ Delete

TITLE VD
NAME ESTES HELEN
STREET ADDRESS 3804 CARDINAL CIRCLE
CITY-ST-ZIP BONITA SPRINGS, FL 34134 ☒ Addition

TITLE TD
NAME AMORE, WILLIAM S
STREET ADDRESS PO BOX 61053 N/A
CITY-ST-ZIP FT MYERS FL 33908 ☐ Delete

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

TITLE SD
NAME FORD, D S
STREET ADDRESS 6330 BRIARCLIFF ROAD
CITY-ST-ZIP FT MYERS FL 33912 ☐ Delete

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

TITLE TD
NAME OXBOROUGH, GERALD
STREET ADDRESS 640 CLUB MARCO CIRCLE #202
CITY-ST-ZIP MARCO ISLAND FL 34145 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90065 039 *****70.00



DO NOT WRITE IN THIS SPACE

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