

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42544

1. Entity Name

FLORIDA ASSOCIATION OF VERBATIM REPORTERS, INCOR

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90022 021 ****61.25

Principal Place of Business

Mailing Address

PO BOX 76345
ST. PETE FL 33734
US

PO BOX 76345
ST. PETERSBURG FL 33734-6345
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0294775

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HUFFMAN, PEGGY
4124 REDCOAT DR
ZEPHYRHILLS FL 33543

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

T ☐ Delete
NAME BOWMAN, CHARLENE F
STREET ADDRESS 141 NW MADISON CIRCLE NORTH
CITY-ST-ZIP ST. PETERSBURG FL

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

D ☐ Delete
NAME CAVENDER, NANCY
STREET ADDRESS 3310 ROOSEVELT ST
CITY-ST-ZIP HOLLYWOOD FL 33021

Vice President ☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S ☐ Delete
NAME JOHNSON, KIMBERLY S.
STREET ADDRESS 7702 LAKE CYPRESS DRIVE
CITY-ST-ZIP ODESSA FL

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

D ☐ Delete
NAME GOUGH, PATRICIA
STREET ADDRESS 5801 NORTH PLESS ROAD
CITY-ST-ZIP PLANT CITY FL

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

T ☒ Delete
NAME HUFFMAN, PEGGY
STREET ADDRESS 4124 REDCOAT DR.
CITY-ST-ZIP ZEPHYRHILLS FL

Director ☐ Change ☒ Addition
TITLE
NAME Rita Mott
STREET ADDRESS 1901 Hinckely Road
CITY-ST-ZIP Orlando, FL 32801

V ☒ Delete
NAME FEATHERINGILL, GAYLE
STREET ADDRESS 1206 ARDEB WAY
CITY-ST-ZIP JACKSONVILLE FL 32250

Director ☐ Change ☒ Addition
TITLE
NAME Stephen C. Thompson
STREET ADDRESS PO Box 530243
CITY-ST-ZIP St. Petersburg, FL 33747-0243

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: *Charlene Bowman* **Charlene Bowman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/2000

727-823-8388

CR2E037 (9/99)