2001 UNIFORM BUSINESS REPORT (UBR)

Feb 08, 2001 8:00 am DOCUMENT # N42544 **Secretary of State** 1. Entity Name FLORIDA ASSOCIATION OF VERBATIM REPORTERS, INCOR 02-08-2001 90152 046 ****61.25 Principal Place of Business Mailing Address PO BOX 76345 PO BOX 76345 ST. PETERSBURG FL 33734 ST. PETE FL 33734 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc.; Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0294775 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) HUFFMAN, PEGGY 4124 REDCOAT DR ZEPHYRHILLS FL 33543 Zip Code City 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 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Addition TITLE □ Delete TITLE ☐ Change BOWMAN, CHARLENE F NAME NAME STREET ADDRESS STREET ADDRESS 141 NW MADISON CIRCLE NORTH CITY-ST-7IP CITY-ST-ZIP ST. PETERSBURG FL President ٧P **XX**Change Addition TITLE ☐ Defete TITLE NAME CAVENDER, NANCY NAME STREET ADDRESS 3310 ROOSEVELT ST STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP HOLLYWOOD FL 33021 Delete Vice-President TITLE TITLE **X**Change ☐ Addition JOHNSON, KIMBERLY S. NAME NAME 7702 LAKE CYPRESS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ODESSA FL TITLE **XX**Delete TITLE Secretary ☐ Change **X**Addition GOUGH, PATRICIA NAME NAME Gaye Monaghan STREET ADDRESS 5801 NORTH PLESS ROAD STREET ADDRESS 7226 O'Doniel Loop West CITY-ST-ZIP PLANT CITY FL CITY-ST-ZIP <u>33</u>809 Lakeland, FL 1-yr director **K** Delete ☐ Change **XX**Addition MOTT. RITA Christine Ales NAME 317 E. Lake Club Drive STREET ADDRESS STREET ADDRESS 1901 HINCKLEY ROAD CITY-ST-ZIP Oldsmar, FL CITY-ST-ZIP ORLANDO FL 32801 34677 **XX**Addition TITLE **XX**Delete TITLE 2-yr director THOMPSON, STEPHEN C NAME Connie Taylor 316 N. John Young Parkway STREET ADDRESS STREET ADDRESS PO BOX 530243 Kissimmee, FL CITY-ST-ZIP 34746 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 in changed, or on an attachment with an address, with all other like empowered.

Emal Echarlene Bowman,

Treas.

Daytime Phone #