

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90572 017 ****61.25

DOCUMENT # N42544

1. Entity Name

FLORIDA ASSOCIATION OF VERBATIM REPORTERS, INCORPORATED

Principal Place of Business

Mailing Address

PO BOX 76345
 ST. PETE FL 33734
 US

PO BOX 76345
 ST. PETERSBURG FL 33734
 US

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

65-0294775

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

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

TITLE ☐ 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

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

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

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

☒ Change ☒ Addition
 TITLE **VP**
 NAME **VanDusen, Karla S.**
 STREET ADDRESS **332 Seventh Avenue North**
 CITY-ST-ZIP **Tierra Verde, FL 33715**

S ☒ Delete
 NAME **MONAGHAN, GAYE**
 STREET ADDRESS **7226 O'DONIEL LOOP WEST**
 CITY-ST-ZIP **LAKELAND FL 33809**

☒ Change ☒ Addition
 TITLE **S**
 NAME **Harmon, Pamela**
 STREET ADDRESS **2615 W. Grand Reserve Cir #328**
 CITY-ST-ZIP **Clearwater, FL 33759**

1D ☐ Delete
 NAME **ALES, CHRISTINE**
 STREET ADDRESS **317 E. LAKE CLUB DRIVE**
 CITY-ST-ZIP **OLDSMAR FL 34677**

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

2D ☐ Delete
 NAME **TAYLOR, CONNIE**
 STREET ADDRESS **316 N. JOHN YOUNG PARKWAY**
 CITY-ST-ZIP **KISSIMEE FL 34746**

☐ Change ☐ Addition
 TITLE
 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: *Charlene F. Bowman*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/14/02** Daytime Phone # **727 823 8388**

CR2E037 (9/01)