

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90524 025 ****61.25

DOCUMENT # N42544

1. Entity Name

FLORIDA ASSOCIATION OF VERBATIM REPORTERS, INCORPORATED



Principal Place of Business

PO BOX 76345
ST. PETE FL 33734
US

Mailing Address

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE **VP** ☐ Delete
NAME **VANDUSEN, KARLA S**
STREET ADDRESS **332 SEVENTH AVENUE NORTH**
CITY-ST-ZIP **TIERRA VERDE FL 33715**

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

TITLE **S** ☒ Delete
NAME **HARMON, PAMELA**
STREET ADDRESS **2615 W GRAND RESERVE CIR #328**
CITY-ST-ZIP **LAKE LAND FL 33809**

TITLE ☐ Change ☒ Addition
NAME **Secretary**
STREET ADDRESS **Patricia K. Gough**
CITY-ST-ZIP **5801 N. Pless Road**
Plant City, FL 33565

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

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

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

TITLE ☐ Change ☐ 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: *Charlene Bowman* Charlene Bowman, Treasurer

1/17/03

727-522
3973

CR2E037 (10/02)