

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90031 046 ****70.00

DOCUMENT # N93000002287

1. Entity Name

SOUTHWEST FLORIDA CHAPTER OF THE FLORIDA ASSOCIA

Principal Place of Business

JOHNSON ENGINEERING, INC.
P O BOX 1550
FORT MYERS FL 33902
US

Mailing Address

JOHNSON ENGINEERING, INC.
P O BOX 1550
FORT MYERS FL 33902
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 **65-0451301**

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

ROBERTS, CHURCH
C/O JOHNSON ENGINEERING, INC.
2158 JOHNSON ST
FT MYERS FL 33902

Name **Hiatt, Elizabeth N.**
Street Address (P.O. Box Number is Not Acceptable)
C/O Johnson Engineering, Inc.
2158 Johnson St.
City **Ft. Myers** **FL** Zip Code **33902**

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

Elizabeth N. Hiatt, Treasurer
Signature, typed printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/30/01
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 **SD** ☐ Delete
NAME **KRAFT, KIT**
STREET ADDRESS **1000 METRO PKWY STE 4**
CITY-ST-ZIP **FT MYERS FL 33912**

TITLE **VD** ☒ Change ☐ Addition
NAME **11000 Metro PKWY STE 4**
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **BRADY, LAURA**
STREET ADDRESS **1500 MONROE ST**
CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE **PD** ☒ Change ☐ Addition
NAME **2158 Johnson St.**
STREET ADDRESS **Ft. Myers, FL 33902**
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **ROBERTS, CHURCH**
STREET ADDRESS **2158 JOHNSON ST**
CITY-ST-ZIP **FT. MYERS FL 33902**

TITLE **TD** ☐ Change ☒ Addition
NAME **Elizabeth N. Hiatt**
STREET ADDRESS **2158 Johnson St.**
CITY-ST-ZIP **Ft. Myers, FL 33902**

TITLE **CD** ☒ Delete
NAME **CRAMER, KELLY**
STREET ADDRESS **2025 VIRGINA AVE**
CITY-ST-ZIP **FT MYERS FL 33901**

TITLE **SD** ☐ Change ☒ Addition
NAME **CAROL LIS**
STREET ADDRESS **1500 MONROE ST**
CITY-ST-ZIP **FT. MYERS, FL 33901**

TITLE **PD** ☒ Delete
NAME **ROBERTS, CHRUCH**
STREET ADDRESS **2158 JOHNSON ST**
CITY-ST-ZIP **FT. MYERS FL 33902**

TITLE **TD** ☐ Change ☒ Addition
NAME **Julie Arrison**
STREET ADDRESS **4575 VIA ROYALE STE 201**
CITY-ST-ZIP **Ft. Myers, FL 33919**

TITLE **VD** ☒ Delete
NAME **WOODRUFF, ANDY**
STREET ADDRESS **4575 VIA ROYALE STE 104**
CITY-ST-ZIP **FORT MYERS FL 33919-1018**

TITLE **D** ☐ Change ☒ Addition
NAME **Mindy Hogan**
STREET ADDRESS **2301 McGregor Blvd STE 300**
CITY-ST-ZIP **Ft. Myers, FL 33916**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *Elizabeth N. Hiatt* **4/30/01** **(941) 334-0046**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)