

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90010 023 ****61.25

DOCUMENT # N94000001671

1. Entity Name

FIRST COAST ROMANCE WRITERS, INC.

Principal Place of Business

Mailing Address

**4820 JOSEPH STREET
HASTINGS FL 32145**

**4820 JOSEPH STREET
HASTINGS FL 32145**

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

59-3225490

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

**SMITH, MARGUERITE E
4820 JOSEPH STREET
HASTINGS FL 32145**

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 **VP** ☒ Delete
NAME **WATERS, HEATHER**
STREET ADDRESS **3144 RIDEOUT LANE**
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE **D/P** ☒ Change ☐ Addition
NAME **AMY STOKES**
STREET ADDRESS **4892 S.W. 87TH COURT**
CITY-ST-ZIP **OCALA FL 34481**

TITLE **DV** ☐ Delete
NAME **STOKES, AMY**
STREET ADDRESS **4892 S.W. 87TH COURT**
CITY-ST-ZIP **OCALA FL 34481**

TITLE **D/V** ☐ Change ☒ Addition
NAME **KATHLEEN MCMAHON**
STREET ADDRESS **14654 POTANOW TRAIL**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **DS** ☒ Delete
NAME **ULRICH, JUNE**
STREET ADDRESS **9415 S.W. 208 CIRCLE**
CITY-ST-ZIP **DUNNELLON FL 34431**

TITLE **D/S** ☐ Change ☒ Addition
NAME **JOANN FAUST**
STREET ADDRESS **4557 MERRIMAC AVE.**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **DT** ☐ Delete
NAME **HOELTZEL, DONNA**
STREET ADDRESS **1477 CEDAR GROVE TERRACE**
CITY-ST-ZIP **FLEMING ISLAND FL 32003**

TITLE **D/T** ☒ Change ☐ Addition
NAME **DONNA OWENS**
STREET ADDRESS **1477 CEDAR GROVE TERRACE**
CITY-ST-ZIP **FLEMING ISLAND FL 32003**

TITLE **DM** ☐ Delete
NAME **GILBERT, JUDITH**
STREET ADDRESS **19622 S.W. 88TH LOOP**
CITY-ST-ZIP **DUNNELLON FL 34432**

TITLE **D/M** ☐ Change ☐ Addition
NAME **JUDITH GILBERT**
STREET ADDRESS **19622 SW 88TH LOOP**
CITY-ST-ZIP **DUNNELLON FL 34432**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-02-02 904-296-4551

CR2E037 (9/01)