

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004921

1. Entity Name

THE ASSOCIATION OF FAMILY LAW PROFESSIONALS, INC

Principal Place of Business

1715 MONROE STREET  
P.O. BOX 280  
FT. MYERS FL 33902-0280

Mailing Address

P.O. BOX 1966  
FORT MYERS FL 33902-1966  
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

65-0619193

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

HELGEMO, STEPHEN L  
1715 MONROE STREET  
P.O. BOX 280  
FT MYERS FL 33902-0280

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          | P                   | <input checked="" type="checkbox"/> Delete |
| NAME           | HELGEMO, STEPHEN L. |  |
| STREET ADDRESS | 1715 MONROE ST      |  |
| CITY-ST-ZIP    | FT MYERS FL 33901   |  |
| TITLE          | VPPD                | <input checked="" type="checkbox"/> Delete |
| NAME           | STARNES, HUGH E H   |  |
| STREET ADDRESS | 1700 MONROE ST      |  |
| CITY-ST-ZIP    | FT MYERS FL 33901   |  |
| TITLE          | SD                  | <input type="checkbox"/> Delete            |
| NAME           | PRATHER, BETH       |  |
| STREET ADDRESS | 1520 POINSETTIA AVE |  |
| CITY-ST-ZIP    | FT. MYERS FL 33901  |  |
| TITLE          | TPD                 | <input type="checkbox"/> Delete            |
| NAME           | SOWERS, J. MICHAEL  |  |
| STREET ADDRESS | 1470 ROYAL PALM SQ  |  |
| CITY-ST-ZIP    | FT. MYERS FL 33901  |  |
| TITLE          |                     | <input type="checkbox"/> Delete            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> Delete            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | P/D                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | LEE A. SCHREIBER          |  |
| STREET ADDRESS | 3949 EVANS AVE, STE 206   |  |
| CITY-ST-ZIP    | FT. MYERS, FL 33901       |  |
| TITLE          | V/D                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | WILLIAM T. HAVERFIELD, II |  |
| STREET ADDRESS | 1833 HENDRY ST.           |  |
| CITY-ST-ZIP    | FT. MYERS, FL 33901       |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> 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:

*Stephen L Helgemo* (BEEA, SCHREIBER) 4-24-00 941-936-5225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE