

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90092 026 ****61.25

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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 PD ☐ Delete
NAME SCHREIBER, LEE A
STREET ADDRESS 3949 EVANS AVENUE, SUITE 206
CITY-ST-ZIP FT MYERS FL 33901

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

TITLE VD ☒ Delete
NAME HAVERFIELD, WILLIAM T
STREET ADDRESS 1833 HENDRY STREET
CITY-ST-ZIP FORT MYERS FL 33901

TITLE ☒ Change ☐ Addition
NAME V D O'HALLORAN, ROGER E.
STREET ADDRESS 3443 HANCOCK BRIDGE PKWY
CITY-ST-ZIP NORTH FORT MYERS, FL 33903

TITLE SD ☒ Delete
NAME PRATHER, BETH
STREET ADDRESS 1520 POINSETTIA AVE
CITY-ST-ZIP FT. MYERS FL 33901

TITLE ☒ Change ☐ Addition
NAME SD FRAZIER, MARY ELLEN
STREET ADDRESS 814 ANCHOR RODE DRIVE
CITY-ST-ZIP NAPLES, FL 33940

TITLE TPD ☒ Delete
NAME SOWERS, J. MICHAEL
STREET ADDRESS 1470 ROYAL PALM SQ
CITY-ST-ZIP FT. MYERS FL 33901

TITLE ☒ Change ☐ Addition
NAME TD HOLT, JOANNE
STREET ADDRESS 2069 FIRST STREET, SUITE 301
CITY-ST-ZIP FORT MYERS, FL 33901

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Lee A. Schreiber
SCHREIBER, LEE A

4-14-01

941-936-5225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)