

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

0063381

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

TITLE **P.D.** ☒ Change ☐ Addition
NAME **O'Halloran, Roger E.**
STREET ADDRESS **PO Box 540**
CITY-ST-ZIP **Fort Myers FL 33902-0540**

TITLE **VD** ☐ Delete
NAME **O'HALLORAN, ROGER E**
STREET ADDRESS **3443 HANCOCK BRIDGE PKWY**
CITY-ST-ZIP **FORT MYERS FL 33903**

TITLE **V.D** ☒ Change ☐ Addition
NAME **Daley-Jacobs, Mary**
STREET ADDRESS **PO Box 60085**
CITY-ST-ZIP **Fort Myers FL 33906**

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

TITLE **SD** ☒ Change ☐ Addition
NAME **Dalton, Anne**
STREET ADDRESS **2044 Bayside PKWY**
CITY-ST-ZIP **Fort Myers, FL 33901**

TITLE **TD** ☐ Delete
NAME **HOLT, JOANNE**
STREET ADDRESS **2069 FIRST STREET**
CITY-ST-ZIP **FORT MYERS FL 33901**

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/01)