

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735077

1. Entity Name

SOUTHWEST FLORIDA COMMUNITY FOUNDATION, INC.

Principal Place of Business

12734 KENWOOD LN STE 72  
FT. MYERS FL 33907  
US

Mailing Address

12734 KENWOOD LN STE 72  
FT. MYERS FL 33907-5638  
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

59-6580974

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMOOT, J. TOM JR.  
1242 FLORIDA AVE.  
FT. MYERS FL 33901

7. Name and Address of New Registered Agent

Name

JOHN W SHEPPARD

Street Address (P.O. Box Number is Not Acceptable)

1426 SANDRA DRIVE

City

FORT MYERS

FL

Zip Code

33901

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

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | P                     | <input type="checkbox"/> Delete |
| NAME           | NATHAN, JAMES         |                                 |
| STREET ADDRESS | 3333 HIBISCUS DRIVE   |                                 |
| CITY-ST-ZIP    | FORT MYERS FL 33901   |                                 |
| TITLE          | V                     | <input type="checkbox"/> Delete |
| NAME           | FREY, BILL            |                                 |
| STREET ADDRESS | 9416 SAGE CT          |                                 |
| CITY-ST-ZIP    | SANIBEL FL 33957      |                                 |
| TITLE          | ST                    | <input type="checkbox"/> Delete |
| NAME           | MESSMER, RUTH         |                                 |
| STREET ADDRESS | 3366 CLEVELAND AVENUE |                                 |
| CITY-ST-ZIP    | FORT MYERS FL 33901   |                                 |
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | BENNETT, SUSAN        |                                 |
| STREET ADDRESS | 3867 MCGREGOR BLVD.   |                                 |
| CITY-ST-ZIP    | FT. MYERS FL          |                                 |
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | SHEPPARD, JOHN        |                                 |
| STREET ADDRESS | 1426 SANDRA DR        |                                 |
| CITY-ST-ZIP    | FT. MYERS FL 33901    |                                 |
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | SOLOMON, GENE         |                                 |
| STREET ADDRESS | 1342 COLONIAL BLVD    |                                 |
| CITY-ST-ZIP    | FT MYERS FL           |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                     |                                                                                         |
|----------------|---------------------|-----------------------------------------------------------------------------------------|
| TITLE          | DIRECTOR (D)        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |                                                                                         |
| STREET ADDRESS |                     |                                                                                         |
| CITY-ST-ZIP    |                     |                                                                                         |
| TITLE          | PRESIDENT (P)       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |                                                                                         |
| STREET ADDRESS |                     |                                                                                         |
| CITY-ST-ZIP    |                     |                                                                                         |
| TITLE          | V/D                 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | SAM GALLOWAY JR     |                                                                                         |
| STREET ADDRESS | P.O. Box 70         |                                                                                         |
| CITY-ST-ZIP    | FORT MYERS FL 33902 |                                                                                         |
| TITLE          | D                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME           | ANDREA ANDERSON     |                                                                                         |
| STREET ADDRESS | 1766 Marilyn Road   |                                                                                         |
| CITY-ST-ZIP    | FORT MYERS FL 33901 |                                                                                         |
| TITLE          | D                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME           | MELVIN MORGAN       |                                                                                         |
| STREET ADDRESS | 2196 Pauldo Street  |                                                                                         |
| CITY-ST-ZIP    | FORT MYERS FL 33916 |                                                                                         |
| TITLE          | D                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME           | TOM SMOOT JR        |                                                                                         |
| STREET ADDRESS | 1242 FLORIDA AVE    |                                                                                         |
| CITY-ST-ZIP    | FT. MYERS FL 33901  |                                                                                         |

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 #

FILED  
Jan 29, 2000 8:00 am  
Secretary of State

01-29-2000 90136 047 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

1/20/2000 941-274-5900