


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90120 008 ****61.25

DOCUMENT # N02000003193

1. Entity Name
BOBBY NICHOLS-FIDDLESTICKS FOUNDATION, INC.



Principal Place of Business Mailing Address

**C/O WILLIAM N. HOROWITZ, ESQ.
24311 WALDEN CENTER DR. STE 201
BONITA SPRINGS FL 34134**

**C/O WILLIAM N. HOROWITZ, ESQ.
24311 WALDEN CENTER DR. STE 201
BONITA SPRINGS FL 34134**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For

04-3649766 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CLASP, INC.
24311 WALDEN CENTER DR, STE 201
BONITA SPRINGS FL 34134**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	WOLKEN, GERALD L	
STREET ADDRESS	15550 KILBIRNIE DR	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	DST	<input type="checkbox"/> Delete
NAME	GENTLEMAN, JOHN F	
STREET ADDRESS	8461 GLENFINNAN CIR	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	NICHOLS, BOBBY	
STREET ADDRESS	8681 GLENLYON CT	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLLAND, EARL	
STREET ADDRESS	14321 KILBIRNIE DR	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	DWYER, JAMES A	
STREET ADDRESS	15185 FIDDLESTICKS BLVD	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	TWEHUES, THOMAS	
STREET ADDRESS	5025 COMPASS LANE	
CITY-ST-ZIP	FT MYERS FL 33912	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rogers, John W.	
STREET ADDRESS	15941 Glenisle Way	
CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fike, William H.	
STREET ADDRESS	15630 Queensferry Drive	
CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Horowitz, William N.	
STREET ADDRESS	15529 Fiddlesticks Boulevard	
CITY-ST-ZIP	Fort Myers, FL 33912	
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: WOLKEN, GERALD L SIGNATURE REQUIRED 1. 29. 03 1. 289.947.881

CR2E037 (10/02)

Attachment #

70016293

NB2000003193

CUMMINGS & LOCKWOOD LLC

Barbara A. Belle Isle
Paralegal

January 29, 2003

239.947.8811 Direct

Division of Corporations
Uniform business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

947.8025 Fax
bbelleisle@cl-law.com

Re: Bobby Nichols-Fiddlesticks Foundation, Inc.

Walden Center at Pelican Landing
24311 Walden Center Drive
Suite 201
Bonita Springs, FL 34134
239.947.8811 Phone
239.947.8025 Fax
www.cl-law.com

Dear Sir or Madam:

Enclosed for filing is the 2003 Not-for-Profit Corporation Uniform Business Report, together with a check in the amount of \$61.25 in payment of the filing fee.

Sincerely,



Barbara A. Belle Isle

Enclosures

cc: William N. Horowitz, Esq.

.BnsLib1:20588.1 01/29/03