

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20000

1. Entity Name

SOUTHWEST FLORIDA PROFESSIONAL FIRE FIGHTERS, LO ✓

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90095 026 ****61.25

Principal Place of Business

1601 LEE ST
STE 100
FT MYERS FL 33901
US

Mailing Address ✓

1601 LEE ST
STE 100
FT MYERS FL 33901
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2698622

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MIERZWA, MATTHEW J JR.
3900 WOODLAKE BLVD.
STE 212
LAKE WORTH FL 33463

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
After September 13, 2000 min. will be \$236.25

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 SCHNEIDER, WILLIAM J
STREET ADDRESS 1601 LEE STREET, SUITE 100
CITY-ST-ZIP FORT MYERS FL 33901

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

TITLE VPD ☐ Delete
NAME DUCROU, ERIC
STREET ADDRESS 1601 LEE STREET, SUITE 100
CITY-ST-ZIP FORT MYERS FL 33901

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

TITLE STD ☐ Delete
NAME BRANTLEY, JAMES
STREET ADDRESS 1601 LEE STREET, SUITE 100
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
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STREET ADDRESS
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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 RECEIVED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/21/2000

Daytime Phone #

941/334-8222

CR2E037 (5/00)