

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

0014110

FILED

03 DEC -4 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT**  
CHECK HERE IF MAKING CHANGES

**DOCUMENT # N20000**

1. Entity Name  
**SOUTHWEST FLORIDA PROFESSIONAL FIRE FIGHTERS, LO  
CAL 1826, INTERNATIONAL ASSOCIATION OF FIRE FIGH**

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  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



4. FEI Number **59-2698622** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**MIERZWA, MATTHEW J JR.  
3900 WOODLAKE BLVD.  
STE 212  
LAKE WORTH FL 33463**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**100024264341**  
**10/30/03--01005--005 \*\*236.25**  
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 *Matthew J. Mierzwa, Jr., Attorney* DATE **11/26/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> Delete <b>SCHNEIDER, WILLIAM J 1601 LEE STREET, SUITE 100 FORT MYERS FL 33901</b>	TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>BRANTLEY, JAMES 1601 LEE ST., SUITE 100 FT. MYERS, FL 33901</b>
TITLE <b>VPD</b>	<input type="checkbox"/> Delete <b>DUCROU, ERIC 1601 LEE STREET, SUITE 100 FORT MYERS FL 33901</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>STD</b>	<input checked="" type="checkbox"/> Delete <b>BRANTLEY, JAMES 1601 LEE STREET, SUITE 100 FORT MYERS FL 33901</b>	TITLE <b>STA</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>STEVENS, WALT 1601 LEE ST., SUITE 100 FT. MYERS, FL 33901</b>
TITLE	<input type="checkbox"/> Delete	TITLE <b>MA</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>HOLBANKO, MICHAEL 1601 LEE ST, SUITE 100 FT. MYERS, FL 33901</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 RECORDED* VPD 10-19-03 239-334-8222

CR2E037 (4/03)