

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90361 001 ****61.25

DOCUMENT # N21759

1. Entity Name

SOUTH WEST FLORIDA CHEF'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

142 SE 19TH ST
 CAPE CORAL FL 33990
 US

142 SE 19TH ST
 CAPE CORAL FL 33990
 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

65-0029036

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, DELBERT W
 142 SE 19TH STREET
 CAPE CORAL FL 33990**

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	D/T	<input type="checkbox"/> Delete
NAME	SMITH, DELBERT	
STREET ADDRESS	142 SE 19TH STREET	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BOGERT, NICO	
STREET ADDRESS	129 SE 32ND ST	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BAWMAN, CHERYL	
STREET ADDRESS	3311 ARECA ST	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	V/D	<input type="checkbox"/> Delete
NAME	DEWITT, RONALD P.	
STREET ADDRESS	30073 'OAK RD.	
CITY-ST-ZIP	PUNTA GORDA FL 33982	
TITLE	V/D	<input type="checkbox"/> Delete
NAME	ADLER, THOMAS E.	
STREET ADDRESS	13290 HIGHLAND CHASE, PLACE	
CITY-ST-ZIP	FT MYERS, FL 33913	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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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: *Delbert W. Smith*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/02 **941-472-9300**
 Date Daytime Phone # **WGRK**

CR2E037 (9/01)