


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

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90051 041 \*\*\*\*61.25

**DOCUMENT # N22150**  
1. Entity Name  
**THE SANIBEL NATURISTS, INC.**



Principal Place of Business      Mailing Address  
~~4370 ORANGE GROVE BLVD 944~~      ~~4370 ORANGE GROVE BLVD~~  
P.O. BOX 6789      P.O. BOX 6789  
FT. MYERS FL 33911      FT. MYERS FL 33911

2. Principal Place of Business      3. Mailing Address  
**945 LUCIA DRIVE**      **PO Box 6789**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**PUNTA GORDA, FL**      **FT. MYERS, FL**  
Zip      Country      Zip      Country  
**33950**      **USA**      **33911**      **USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0049422**      Applied For  
Not Applicable

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

**SHAW, GAIL**  
**17179 1 TERRAVERDE CIRCLE**  
**FORT MYERS FL 33908**

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 *Gail P. Shaw*      *GAIL P. SHAW*  
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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CUDDINY, ROB</b> <b>945 LUCIA DRIVE</b> <b>PUNTA GORDA FL 33950</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>CUDDINY, ROB</b> <b>PO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>AHLERT, GLEN</b> <b>4736 SANTA DEL RAE</b> <b>FT MYERS FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>SECRETARY, DIR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>BARB CUDDINY</b> <b>945 LUCIA DRIVE</b> <b>PUNTA GORDA, FL 33950</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CLARK, TOM</b> <b>608 NW 37 PL</b> <b>CAPE CORAL FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>VICE PRESIDENT-DIR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MATTI LOWDER</b> <b>25087 PINEWATERCOVE LANE</b> <b>BOHITA SPRINGS, FL 34134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>SHAW, GAIL</b> <b>17179 1 TERRAVERDE CIRCLE</b> <b>FORT MYERS FL 33908</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MELCHER, NORWOOD</b> <b>9517 MARINERS COVE LA</b> <b>FT MYERS FL 33919</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<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: *GAIL P. SHAW*      *GAIL P. SHAW*      *11/8/03*      *239-498-8578*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/02)