

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90035 022 ****61.25

DOCUMENT # N97000005787

1. Entity Name

SOUTHWEST FLORIDA ESTATE PLANNING COUNCIL, INC.

Principal Place of Business

Mailing Address

227 NOKOMIS AVENUE SOUTH
 VENICE FL 34285

PO BOX 1767
 VENICE FL 34284-1767

2. Principal Place of Business

3. Mailing Address

1515 Ringling Boulevard Floor 10th
 Suite, Apt. #, etc.

P.O. Box 3018
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Sarasota, FL 34236

City & State
 Sarasota, FL 34230

4. FEI Number
 65-0786600

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

LIEBERMAN, ERIK R
 227 NOKOMIS AVENUE SOUTH
 VENICE FL 34285

Name
 Richard R. Gans, Esquire
 Street Address (P.O. Box Number is Not Acceptable)
 1515 Ringling Boulevard, 10th Floor
 City
 Sarasota FL Zip Code
 34236

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

RICHARD GANS, Treasurer

5/12/2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES 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 NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, RICHARD D 1515 RINGLING BLVD #860 SARASOTA FL 34236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BURCKETT, CHARLA M 2014 FOURTH ST SARASOTA FL 34237	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HEARD, J. GARRETT 1777 MAIN ST SARASOTA FL 34236	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEARD, J GARRETT I 1777 MAIN ST SARASOTA FL 34236	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FAIST, SHIRLEY I 2 N TAMiami TRAIL STE 604 SARASOTA FL 34236	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ESKEW, CURTIS L 2055 WOOD ST STE 205 SARASOTA FL 34237	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Burchett, Charla M. 2014 Fourth Street Sarasota, FL 34237	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Heard, J. Garrett 1777 Main Street Sarasota, FL 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Heard, J. Garrett 1777 Main Street Sarasota, FL 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Faist, Shirley I. 2 North Tamiami Trail, St. 604 Sarasota, FL 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Eskew, Curtis L. 2055 Wood Street, Suite 205 Sarasota, FL 34237	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Gans, Richard R. 1515 Ringling Boulevard, 10th Floor Sarasota, FL 34236	<input checked="" 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 REQUIRED RICHARD GANS, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)