

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90225 022 \*\*\*150.00

**DOCUMENT # P98000022288**

1. Entity Name  
**SOUTHWEST FLORIDA EQUITIES CORPORATION**

Principal Place of Business 5900 ENTERPRISE PARKWAY FT. MYERS FL 33905	Mailing Address 5900 ENTERPRISE PARKWAY FT. MYERS FL 33905
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2. Principal Place of Business 6700-1 Daniels Parkway Suite, Apt. #, etc.	3. Mailing Address 6700-1 Daniels Parkway Suite, Apt. #, etc.
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City & State Fort Myers, FL	City & State Fort Myers, FL
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Zip 33912	Country USA	Zip 33912	Country USA	4. FEI Number 65-0825859	Applied For <input type="checkbox"/> Not Applicable
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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**

**BUNDSCHU, CHRIS**  
**5900 ENTERPRISE PARKWAY**  
**FT. MYERS FL 33905**

Name
Street Address (P.O. Box Number is Not Acceptable) 6700-1 Daniels Parkway
City Fort Myers
State FL
Zip Code 33912

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUNDSCHU, CHRIS 5900 ENTERPRISE PARKWAY FT. MYERS FL 33905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6700-1 Daniels Parkway Fort Myers, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dan Kraft 6700-1 Daniels Pkwy Ft Myers FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Gayle Bundschu 6700-1 Daniels Pkwy Ft. Myers FL 33912
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
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
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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Chris Bundschu Date: 4.19.01 Daytime Phone #: 941-693-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)