

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90120 028 \*\*\*150.00

**DOCUMENT # P99000090824**

1. Entity Name

**EQUITY BUILDERS OF S.W. FLORIDA, INC.**

Principal Place of Business

Mailing Address

1008 NE 7TH TERRACE SUITE A  
 CAPE CORAL FL 33909-3100

C/O ROBERT D. ROYSTON, JR.  
 PO DRAWER 60205  
 FORT MYERS FL 33906-6205

2. Principal Place of Business

3. Mailing Address

1715 SE 13th Street

Suite, Apt. #, etc.

City & State

City & State

Cape Coral, FL

4. FEI Number

Applied For

65-0961709

Not Applicable

Zip  
 33990

Country  
 USA

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

ROYSTON, ROBERT D JR  
 12670 NEW BRITANY BLVD., SUITE 101  
 FORT MYERS FL 33907

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, printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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  Delete  
 NAME **D**  
**FROST, WAYNE B**  
 STREET ADDRESS **1008 NE 7TH TERRACE SUITE A**  
 CITY-ST-ZIP **CAPE CORAL FL 33909-3100**

TITLE  Change  Addition  
 NAME **P, S, T**  
 STREET ADDRESS **1715 SE 13th Street**  
 CITY-ST-ZIP **Cape Coral, FL 33990**

TITLE  Delete  
 NAME **D**  
**WINSTON, STUART**  
 STREET ADDRESS **1008 NE 7TH TERRACE SUITE A**  
 CITY-ST-ZIP **CAPE CORAL FL 33909-3100**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Wayne B. Frost*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 26, 2000 941-671-2052  
 Date Daytime Phone #

CR2E034 (9/99)