

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 349000

1. Entity Name

SOUTHWEST FLORIDA HOLDING CO INC

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90035 031 \*\*\*150.00

Principal Place of Business

1850 FT. DENAUD RD  
P. O. BOX 605  
LABELLE FL 33935  
US

Mailing Address

P.O. BOX 67  
LABELLE FL 33975-0067  
US

2. Principal Place of Business

Suite, Apt. #, etc.  
4535 FT. DENAUD RD

City & State  
LA Belle, FL

Zip  
33935

Country  
US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-1354510

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

YEOMANS, ROBERT L.  
1850 FT. DENAUD RD  
LABELLE FL 33935

7. Name and Address of New Registered Agent

Name BERNARD RASMUSSEN

Street Address (P.O. Box Number is Not Acceptable)  
4535 FT. DENAUD RD.

City LA Belle

FL

Zip Code 33935

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 BERNARD RASMUSSEN, PRES.

(NOTE: Registered Agent signature required when reinstating)

2-17-00

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

TITLE	DST	<input type="checkbox"/> Delete
NAME	YEOMANS, ROBERT L	
STREET ADDRESS	6 MAIN STREET	
CITY-ST-ZIP	LABELLE FL 33935	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOBLES, L J, JR	
STREET ADDRESS	FT THOMPSON AVE	
CITY-ST-ZIP	LABELLE FL 33935	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RASMUSSEN, BERNARD T	
STREET ADDRESS	FT DENAUD RD	
CITY-ST-ZIP	LABELLE FL 33935	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: BERNARD RASMUSSEN, PRES.

2-17-00

863-675-2491

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)