## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # 349000**

1. Entity Name

SOUTHWEST FLORIDA HOLDING CO INC

03-01-2001 90010 005 \*\*\*150.00 Principal Place of Business Mailing Address 4525 FT DENAUD RD P.O. BOX 67 LABELLE FL 33935 LABELLE FL 33975-0067 2. Principal Place of Business 3. Mailing Address 2310 P.O. Drawer Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 59-1354510 Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RASMUSSEN, BERNARD Street Address (P.O. Box Number is Not Acceptable) 4535 FT DENAUD RD Thompson LABELLE FL 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☑ Delete TITLE Addition NAME YEOMANS, ROBERT L NAME STREET ADDRESS **6 MAIN STREET** STREET ADDRESS CITY-ST-ZIP LABELLE FL 33935 CITY-ST-ZIP PD TITLE ☐ Delete TITLE Change Addition NOBLES, L J, JR NAME STREET ADDRESS FT THOMPSON AVE STREET ADDRESS CITY-ST-ZIF LABELLE FL 33935 CITY-ST-ZIP PD TITLE Delete TITLE ☐ Change Addition RASSMUSSEN, BERNARD T NAME STREET ADDRESS FT DENAUD RD STREET ADDRESS CITY-ST-ZIP LABELLE FL 33935 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition | NAME Jerri S. Engle 1805 Ft Denaud Rd NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LaBelle, FL 33935 ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS

FILED Mar 01, 2001 8:00 am Secretary of State

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.

STREET ADDRESS CITY-ST-ZIP