

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725289

1. Entity Name

SOUTHWEST FLORIDA MARINE TRADE ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 458  
CAPE CORAL FL 33910

Mailing Address

P.O. BOX 458  
CAPE CORAL FL 33910-0301

2. Principal Place of Business

P.O. Box 100458

Suite, Apt. #, etc.

Cape Coral, FL

City & State

Zip  
33910

Country

3. Mailing Address

P.O. Box 100458

Suite, Apt. #, etc.

City & State  
Cape Coral, FL

Zip  
33910

Country

6. Name and Address of Current Registered Agent

BARBARA E. MEYER  
5301 MAJESTIC COURT  
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARISEAU, JESSE 1048 PINE RIDGE RD NAPLES FL 33940	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RILEY, PAT 2052 VIRGINIA AVENUE FT MYERS FL 33901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MEYER, BARBARA E. 5301 MAJESTIC COURT CAPE CORAL FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBBS, GIL 928 NE 24TH LANE CAPE CORAL FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, W D 1506 SE 48TH ST CAPE CORAL FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOLEY, ROB 13601 MCGREGOR BLVD, #16 FT MYERS FL 33919	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAT RILEY 2100 WEST FIRST STREET FT. MYERS, FL 33901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOU INGLE 1423 SE 10TH STREET CAPE CORAL, FL 33990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VIVIAN MILLER 1506 SE 46TH STREET CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVE Simms 15065 Mc Gregor Blvd, Ste 104 FT. MYERS, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRY MARSHALL 14070 Mc Gregor Blvd FT. MYERS, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLINT FRICK P.O. Box 2628 FORT MYERS BEACH, FL 33932	<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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 01, 2000 8:00 am  
Secretary of State

05-01-2000 90310 006 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)