

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90009 007 \*\*\*\*61.25

**DOCUMENT # 725289**

1. Entity Name

**SOUTHWEST FLORIDA MARINE INDUSTRIES ASSOCIATION,**

Principal Place of Business

**1021 S.E. 12TH COURT  
CAPE CORAL FL**

Mailing Address

**P. O. BOX 100458  
CAPE CORAL FL 33910**

2. Principal Place of Business

**2254 Edwards Drive**

3. Mailing Address

**2254 Edwards Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Fort Myers, FL**

City & State

**Fort Myers, FL**

Zip

**33901**

Country

Zip

**33901**

Country

4. FEI Number

**59-1520450**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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	<b>P</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>PARISEAU, JESSE</b>	
CITY-ST-ZIP	<b>1048 PINE RIDGE RD NAPLES FL 33940</b>	
TITLE NAME	<b>V</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>RILEY, PAT</b>	
CITY-ST-ZIP	<b>2052 VIRGINIA AVENUE FT MYERS FL 33901</b>	
TITLE NAME	<b>ST</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>MEYER, BARBARA E.</b>	
CITY-ST-ZIP	<b>5301 MAJESTIC COURT CAPE CORAL FL</b>	
TITLE NAME	<b>D</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>GIBBS, GIL</b>	
CITY-ST-ZIP	<b>928 NE 24TH LANE CAPE CORAL FL</b>	
TITLE NAME	<b>D</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>MILLER, W D</b>	
CITY-ST-ZIP	<b>1506 SE 46TH ST CAPE CORAL FL</b>	
TITLE NAME	<b>D</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>COOLEY, ROB</b>	
CITY-ST-ZIP	<b>13601 MCGREGOR BLVD, #16 FT MYERS FL 33919</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>RILEY, PAT</b>	
CITY-ST-ZIP	<b>2100 W. First St Fort Myers, FL 33901</b>	
TITLE NAME	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>Clint Frick</b>	
CITY-ST-ZIP	<b>1661 Estero Blvd Fort Myers Beach, FL 33931</b>	
TITLE NAME	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>Vivian Miller</b>	
CITY-ST-ZIP	<b>1506 SE 46th ST Cape Coral, FL 33904</b>	
TITLE NAME	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>BOWMAN, LARRY</b>	
CITY-ST-ZIP	<b>1705 Colonial Blvd #D-1 Fort Myers, FL 33907</b>	
TITLE NAME	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>HANSEN, MATT</b>	
CITY-ST-ZIP	<b>2500 Main Street Ft. Myers Beach, FL 33931</b>	
TITLE NAME	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>SIBBALD, STEPHEN</b>	
CITY-ST-ZIP	<b>2211 N. Tamiami Trail, N. Ft. Myers, FL 33903</b>	

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:

*Vivian Miller* **VIVIAN MILLER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/28/01**

Date

**941-573-9950**

Daytime Phone #

CR2E037 (10/00)