

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am :
Secretary of State

03-05-2001 90343 003 ****61.25

DOCUMENT # 725669

1. Entity Name

THE SOUTHWEST FLORIDA CONCHOLOGIST SOCIETY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 876
 FT. MYERS FL 33902
 US

P O BOX 876
 FORT MYERS FL 33902
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0184728

Applied For

Not Applicable

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

PILCHER, MARGUERITE
9191 MARIGOLD COURT
FT. MYERS FL 33919

Name **GRACE REED**

Street Address (P.O. Box Number is Not Acceptable)
912 SW 48TH TER. #109

City **CAPE CORAL**

FL

Zip Code
33914

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 **Grace Reed GRACE REED TREASURER**

2/28/01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
 NAME **MICHELETTI, VIRGINIA**
 STREET ADDRESS **15011 PUNTA RASSA #904**
 CITY-ST-ZIP **FT MYERS FL 33908**

TITLE **PD** ☒ Change ☐ Addition
 NAME **NYQUIST, ANNA M.**
 STREET ADDRESS **18372 CUTLASS DR**
 CITY-ST-ZIP **FT MYERS FL 33931**

TITLE **VPD** ☐ Delete
 NAME **CHIPPEAUX, EDITH**
 STREET ADDRESS **1308 BILTMORE DR**
 CITY-ST-ZIP **FT MYERS FL 33901**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☒ Delete
 NAME **PILCHER, MARGUERITE**
 STREET ADDRESS **9191 MARIGOLD CT.**
 CITY-ST-ZIP **FORT MYERS FL**

TITLE **TD** ☒ Change ☐ Addition
 NAME **REED, GRACE**
 STREET ADDRESS **912 SW 48TH TER. #109**
 CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE **D** ☐ Delete
 NAME **DWORAK, DENNIS**
 STREET ADDRESS **2617 SE 20 PL**
 CITY-ST-ZIP **CAPE CORAL FL**

TITLE **VPD** ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **KING, GEORGE**
 STREET ADDRESS **2400 BARCELONA AVENUE SE**
 CITY-ST-ZIP **FT. MYERS FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☒ Delete
 NAME **WALONICK, CHAR**
 STREET ADDRESS **13273 WHITE MARSH LN APT 312**
 CITY-ST-ZIP **FORT MYERS FL**

TITLE **D** ☒ Change ☐ Addition
 NAME **NYQUIST, GEORGE**
 STREET ADDRESS **18372 CUTLASS DR**
 CITY-ST-ZIP **FT MYERS FL 33931**

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: **Grace Reed GRACE REED**

2/28/01

941-945-5320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)