

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90057 049 \*\*\*\*61.25

**DOCUMENT # 733800**

1. Entity Name

**SOUTHWEST HERITAGE, INC.**

Principal Place of Business

Mailing Address

1051 5TH AVE SO  
 NAPLES FL 34102  
 US

1051 5TH AVE SO  
 NAPLES FL 34102-6413  
 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

**59-1641624**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHITE, DENNIS R**  
**4099 TAMiami TRl N. #300**  
**NAPLES FL 34103**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD**  Delete  
 NAME **MCKEE, C. LODGE I**  
 STREET ADDRESS **53 BROAD AVE. SO.**  
 CITY-ST-ZIP **NAPLES FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **AHEARN, CHARLES J**  
 STREET ADDRESS **4001 TAMiami TRAIL NORTH**  
 CITY-ST-ZIP **NAPLES FL**

TITLE **VD**  Change  Addition  
 NAME **KALTENBORN, KRISTOPHER**  
 STREET ADDRESS **375 FIFTH AVES**  
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE **VD**  Delete  
 NAME **HARTMANN, LEONA**  
 STREET ADDRESS **121 2ND ST SOUTH**  
 CITY-ST-ZIP **NAPLES FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **WEIGEL, JAMES R.**  
 STREET ADDRESS **2825 LEEWARD ST.**  
 CITY-ST-ZIP **NAPLES FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD**  Delete  
 NAME **GARNER, JOHN**  
 STREET ADDRESS **900 6TH AVE SO. #204**  
 CITY-ST-ZIP **NAPLES FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **SWARTZ, WALTER E**  
 STREET ADDRESS **5224 31ST PALCE SW**  
 CITY-ST-ZIP **NAPLES FL 34116**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 an other like empowered.

SIGNATURE:

*SIGNATURE REQUIRED*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/00  
 Date

941-262-1776  
 Daytime Phone #

CR2E037 (9/99)