

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90395 031 ****61.25

DOCUMENT # 733800

1. Entity Name
SOUTHWEST HERITAGE, INC.

Principal Place of Business

1051 5TH AVE SO
 NAPLES FL 34102
 US

Mailing Address

1051 5TH AVE SO
 NAPLES FL 34102
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1641624**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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	VD	<input type="checkbox"/> Delete
NAME	MCKEE, C. LODGE I	
STREET ADDRESS	53 BROAD AVE. SO.	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KALTENBORN, KRISTOPHER	
STREET ADDRESS	375 FIFTH AVE S	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HARTMANN, LEONA	
STREET ADDRESS	121 2ND ST SOUTH	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WEIGEL, JAMES R.	
STREET ADDRESS	2825 LEEWARD ST.	
CITY-ST-ZIP	NAPLES FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GARNER, JOHN	
STREET ADDRESS	900 6TH AVE SO. #204	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SWARTZ, WALTER E	
STREET ADDRESS	5224 31ST PALCE SW	
CITY-ST-ZIP	NAPLES FL 34116	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PONTE, GEORGE	
STREET ADDRESS	565 AUGUSTA BLVD #10	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: *Leona Hartmann* LEONA HARTMANN DIRECTOR 04/30/01 262-1776

CR2E037 (10/00)