

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738674

1. Entity Name

SOUTH WEST ANGLERS CLUB, INC.

FILED

Apr 28, 2000 8:00 am  
Secretary of State

04-28-2000 90061 023 \*\*\*\*61.25

Principal Place of Business

3611 SE 17TH AVE  
CAPE CORAL FL 33904  
US

Mailing Address

4518 S DEL PRADO BLVD  
STE 41  
CAPE CORAL FL 33904  
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 100096

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL FL

4. FEI Number

59-1739352

Applied For

Not Applicable

Zip

Country

33910

Country

USA

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

YOU Mans, ED MR  
3611 SE 17TH AVE  
CAPE CORAL FL 33904

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 PD  
NAME YOU Mans, EDWARD  
STREET ADDRESS 3611 SE 17TH AVE  
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Delete

TITLE VICE PRES.  
NAME DICK BONNELL  
STREET ADDRESS 1922 EVEREST PKY.  
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Change ☒ Addition

TITLE TD  
NAME RAMSEY, DEAN  
STREET ADDRESS 2124 SE 5TH ST  
CITY-ST-ZIP CAPE CORAL FL 33990 ☐ Delete

TITLE CORRESPONDING SECRETARY  
NAME LEN BELLIN  
STREET ADDRESS 1133 S.W. 13TH ST.  
CITY-ST-ZIP CAPE CORAL FL 33991 ☐ Change ☒ Addition

TITLE D  
NAME MCCALLISTER, TOM  
STREET ADDRESS 4818 LUCAYA DR, UNIT 9  
CITY-ST-ZIP CAPE CORAL FL ☒ Delete

TITLE SARGENT AT ARMS  
NAME JACK TAYLOR  
STREET ADDRESS 4510 NORTH KEY DR.  
CITY-ST-ZIP NORTH FORT MYERS FL 33903 ☐ Change ☒ Addition

TITLE D  
NAME BENNETT, ROY  
STREET ADDRESS 5201 TAMAIMI COURT  
CITY-ST-ZIP CAPE CORAL FL ☒ Delete

TITLE DIRECTOR  
NAME JOHN SCHLEIG  
STREET ADDRESS 1918 S.E. EVEREST PKY.  
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Change ☒ Addition

TITLE D  
NAME NORRIS, BILL  
STREET ADDRESS 1030 SE 46TH ST  
CITY-ST-ZIP CAPE CORAL FL ☒ Delete

TITLE DIRECTOR  
NAME GRANT DAINO  
STREET ADDRESS 3739 SE. 12TH PL.  
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Change ☒ Addition

TITLE SAD  
NAME MAUSTELLER, CLARENCE  
STREET ADDRESS 2304 BOLADO PKWY  
CITY-ST-ZIP CAPE CORAL FL ☒ Delete

TITLE DIRECTOR  
NAME RALPH MICELI  
STREET ADDRESS 2523 S.E. 22ND PL  
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Edward D. Youmans REQUIRED YOU Mans H-20-2000 941-540-9691  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)