

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 738674**

1. Entity Name

**SOUTH WEST ANGLERS CLUB, INC.**

Principal Place of Business

3611 SE 17TH AVE  
CAPE CORAL FL 33904  
US

Mailing Address

P.O. BOX 100096  
CAPE CORAL FL 33910  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-1739352**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**YUMANS, ED MR**  
**3611 SE 17TH AVE**  
**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 PD  
NAME YUMANS, EDWARD  
STREET ADDRESS 3611 SE 17TH AVE  
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ DeleteTITLE TD  
NAME RAMSEY, DEAN  
STREET ADDRESS 2124 SE 5TH ST  
CITY-ST-ZIP CAPE CORAL FL 33990 ☐ DeleteTITLE VP  
NAME BONNELL, DICK  
STREET ADDRESS 1922 EVEREST PKY.  
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ DeleteTITLE D  
NAME SCHLEIG, JOHN  
STREET ADDRESS 1918 S.E. EVEREST PKY.  
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ DeleteTITLE S  
NAME BELLIN, LEN  
STREET ADDRESS 1133 S.W. 13TH ST  
CITY-ST-ZIP CAPE CORAL FL 33991 ☐ DeleteTITLE D  
NAME MICELI, RALPH  
STREET ADDRESS 2523 S.E. 22ND PL.  
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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 all other like empowered.

SIGNATURE:

*Edward D. Yumans*

5/15/01

941-540-9691

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90344 031 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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