

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2002 8:00 am  
Secretary of State

05-02-2002 90031 033 \*\*\*\*61.25

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 & State

City & 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

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

7. Name and Address of New Registered Agent

Name

TAYLOR JACK

Street Address (P.O. Box Number is Not Acceptable)

4510 NORTH KEY DRIVE

City

NO. FT MYERS

FL

Zip Code

33903

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

*Jack Taylor*

JACK TAYLOR.

4-16-02.

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	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, EDWARD	
STREET ADDRESS	3611 SE 17TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	RAMSEY, DEAN	
STREET ADDRESS	2124 SE 5TH ST	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BONNELL, DICK	
STREET ADDRESS	1922 EVEREST PKY.	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHLEIG, JOHN	
STREET ADDRESS	1918 S.E. EVEREST PKY.	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BELLIN, LEN	
STREET ADDRESS	1133 S.W. 13TH ST	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE	D	<input type="checkbox"/> Delete
NAME	MICELI, RALPH	
STREET ADDRESS	2523 S.E. 22ND PL.	
CITY-ST-ZIP	CAPE CORAL FL 33904	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR JACK	
STREET ADDRESS	4510 NORTH KEY DRIVE	
CITY-ST-ZIP	NO. FT MYERS FL 33903	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Waite Howard J	
STREET ADDRESS	1106 SE 20TH CT	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONNELL DICK	
STREET ADDRESS	1922 EVEREST PKY	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLEIG JOHN	
STREET ADDRESS	1918 S.E. EVEREST PKY	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCONATON TONY	
STREET ADDRESS	131 S.W. 42ND TERR	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICELI RALPH	
STREET ADDRESS	2523 SE 22ND PL	
CITY-ST-ZIP	CAPE CORAL FL 33904	

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:

*Jack Taylor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED Jack Taylor

4-16-02

Date

Daytime Phone #

CR2E037 (9/01)