

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90111 012 \*\*\*\*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**

**60021189**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1739352**

Applied For  
Not Applicable

☐ CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JACK, TAYLOR  
4510 NORTH KEY DR  
N FORT MYERS FL 33903**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **TAYLOR, JACK**  
STREET ADDRESS **4510 NORTH KEY DR**  
CITY-ST-ZIP **N FT MYERS FL 33903**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **WAITE, HOWARD J**  
STREET ADDRESS **1106 SE 20TH CT**  
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **BONNELL, DICK**  
STREET ADDRESS **1922 EVEREST PKY.**  
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **SCHLEIG, JOHN**  
STREET ADDRESS **1918 S.E. EVEREST PKY.**  
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☒ Delete  
NAME **CONATON, TINY**  
STREET ADDRESS **131 SW 42ND TERR**  
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE ☒ Change ☐ Addition  
NAME **S Walter Owen "Ed"**  
STREET ADDRESS **426 N.E. 14th Ave**  
CITY-ST-ZIP **Cape Coral FL 33909**

TITLE **D** ☒ Delete  
NAME **MICELI, RALPH**  
STREET ADDRESS **2523 S.E. 22ND PL.**  
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☒ Change ☐ Addition  
NAME **D Floyd Leslie**  
STREET ADDRESS **211 Linhart Ave**  
CITY-ST-ZIP **Ft. Myers FL 33901**

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: Howard J. Waite April 20 2003 239-242-0032

CR2E037 (10/02)