

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 05, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90085 005 \*\*\*\*61.25

**DOCUMENT # 755066**

1. Entity Name

**SOUTHWEST FLORIDA CHAPTER OF THE SOCIETY OF FINA**

Principal Place of Business

3033 RIVERIA DRIVE  
202  
NAPLES FL 34103  
US

Mailing Address

3033 RIVERIA DRIVE  
202  
NAPLES FL 34103  
US

2. Principal Place of Business

8191 COLLEGE PKWY

3. Mailing Address

8191 COLLEGE PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 206

# 206

City &amp; State

FT. MYERS, FL

City &amp; State

FT. MYERS, FL

Zip

33919

Country

USA

Zip

33919

Country

USA

4. FEI Number

59-2142316

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

MUZI, CHARLES E  
4851 NORTH TAMiami TRAIL  
SUITE 202  
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name EDWARD WOLLMAN

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

5129 CASTELLO DR.

STE #2

City NAPLES

FL

Zip Code 34103

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
P	KILBOURN, E MICHAEL	3033 RIVIERA DRIVE #202	NAPLES FL 34103	
VPD	GARTZ, FRED	3200 BAILEY LANE #162	NAPLES FL 34105	<input checked="" type="checkbox"/> Delete
TD	MUZI, CHARLES E	4851 N TAMiami TRAIL #202	NAPLES FL 34103	<input type="checkbox"/> Delete
SD	GARTZ, FREDERICK	1048 GOODLETTE ROAD N. 200	NAPLES FL 34102-5449	<input checked="" type="checkbox"/> Delete
VPD	KILBOURN, E MICHAEL	3033 RIVIERA DRIVE, SUITE 202	NAPLES FL 34103-2750	<input checked="" type="checkbox"/> Delete
D	DOLAN, KEVIN	8880 TAMiami TRAIL N	NAPLES FL 34147	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
President	RICHARD DURNWARD	8191 COLLEGE PKWY, SUITE 206	FT. MYERS, FLORIDA 33919-5110	
VP - Vice President	EDWARD WOLLMAN	5129 CASTELLO DR. #2	NAPLES, FL 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Treasurer	CHARLES E. MUZI	4851 N. TAMiami TRAIL #202	NAPLES, FL 34103	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Secretary	PETER JEPSON	5137 CASTELLO DR. #2	NAPLES, FL 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	CARL P. GRISSOM	8191 COLLEGE PKWY, #206	FT. MYERS, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	Kevin Dolan	8880 Tamiami Trail, N	Naples, FL 34147	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**SIGNATURE REQUIRED**

4-10-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)