

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-06-2002 90111 030 ****61.25

DOCUMENT # 755066

1. Entity Name

SOUTHWEST FLORIDA CHAPTER OF THE SOCIETY OF FINANCIAL SERVICE PROFESSIONALS, INC.

Principal Place of Business

Mailing Address

8191 COLLEGE PKWY
 #206
 FORT MYERS FL 33919
 US

8191 COLLEGE PKWY
 #206
 FORT MYERS FL 33919
 US

2. Principal Place of Business

3. Mailing Address

5129 Castello Dr, Ste 1

5129 Castello Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Naples, FL

Suite #1

City & State

City & State

Naples, FL

Zip
 34103

Country
 USA

Zip
 34103

Country
 US

4. FEI Number

59-2142316

Applied For

Not Applicable

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

WOLLMAN, EDWARD
 5129 CASTELLO DRIVE
 STE 2
 NAPLES FL 34103

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 P
 NAME DURWARD, RICHARD
 STREET ADDRESS 8191 COLLEGE PKWY STE 206
 CITY-ST-ZIP FORT MYERS FL 33919-5110 ☒ Delete

TITLE VP
 NAME WOLLMAN, EDWARD
 STREET ADDRESS 5129 CASTELLO DRIVE #2
 CITY-ST-ZIP NAPLES FL 34103 ☐ Delete

TITLE T
 NAME MUZI, CHARLES E
 STREET ADDRESS 4851 N TAMiami TRAIL #202
 CITY-ST-ZIP NAPLES FL 34103 ☐ Delete

TITLE VP/SD
 NAME JEPSON, PETER
 STREET ADDRESS 5137 CASTELLO DRIVE #2
 CITY-ST-ZIP NAPLES FL 34103 ☐ Delete

TITLE D
 NAME GRISSOM, CARL P
 STREET ADDRESS 8191 COLLEGE PKWY #206
 CITY-ST-ZIP FORT MYERS FL 33919 ☒ Delete

TITLE D
 NAME DOLAN, KEVIN
 STREET ADDRESS 8880 TAMiami TRAIL N
 CITY-ST-ZIP NAPLES FL 34147 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-02

Date

941-435 1533

Daytime Phone #

CR2E037 (9/01)