

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755573

1. Entity Name

SOUTH GULF COAST CHAPTER OF CAI, INC.

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90105 011 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2709 SWAMP CABBAGE CT  
#08  
FT MYERS FL 33901  
US

P.O. BOX 61447  
FORT MYERS FL 33908-2539  
US

2. Principal Place of Business

11595  
Suite, Apt. #, etc.  
# 305

3. Mailing Address

11595 Kelly RD #305  
Suite, Apt. #, etc.

City & State

FORT MYERS

City & State

FL

4. FEI Number

59-2124780

Applied For

Not Applicable

Zip

33908

Country

LEG

Zip

33908

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROBERT J. PODVIN

COOKE, SHERRYL  
2709 SWAMP CABBAGE CT  
#08  
FORT MYERS FL 33901

7. Name and Address of New Registered Agent

Name ROBERT J. PODVIN

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

"AS ABOVE"

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	D	<input checked="" type="checkbox"/> Delete
NAME	POLLOCK, JOHN CIC	
STREET ADDRESS	13515 BELL TOWER DRIVE	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEBOEST, H R	
STREET ADDRESS	2222 SECOND ST	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	T	<input type="checkbox"/> Delete
NAME	SAMPSON, LORI	
STREET ADDRESS	12871 WHITEHALL DR	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	ROBERT SAMOUCÉ ESQ	
STREET ADDRESS	2375 TAMiami Trl N STE 308	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STROEMER, JOHN H CPA	
STREET ADDRESS	8961 CONFERENCE CT	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	JAMES E SCHNEIDER	
STREET ADDRESS	1985 7TH LAKES BLVD	
CITY-ST-ZIP	FORT MYERS FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GINO LITTLESTONE	
STREET ADDRESS	13515 BELL TOWER DR.	
CITY-ST-ZIP	FORT MYERS, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-7-2000 941-466-575