

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90033 043 ****61.25

DOCUMENT # 755573

1. Entity Name

SOUTH GULF COAST CHAPTER OF CAI, INC.

Principal Place of Business

Mailing Address

~~2700 SWAMP CABBAGE CT~~
~~400~~
FORT MYERS FL 33908
US

11595 KELLY ROAD # 305
FORT MYERS FL 33908
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11595 KELLY ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

305

City & State

City & State

FT. MYERS

4. FEI Number

59-2124780

Applied For

Not Applicable

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

PODVIN, ROBERT J
~~2700 SWAMP CABBAGE CT~~
~~#8~~
FORT MYERS FL 33901

Name **ROBERT J. PODVIN**

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

11595 KELLY ROAD

City **FT. MYERS**

FL

Zip Code

33908

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

[Handwritten Signature]

1-17-2001

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D POLLOCK, JOHN CIC**
 STREET ADDRESS **13515 BELL TOWER DRIVE**
 CITY-ST-ZIP **FORT MYERS FL**

TITLE Change Addition
 NAME **D GINO LITTLESTONE**
 STREET ADDRESS **13515 BELL TOWER DR.**
 CITY-ST-ZIP **FT. MYERS, FL**

TITLE Delete
 NAME **D DEBOEST, II P**
 STREET ADDRESS **2222 SECOND ST**
 CITY-ST-ZIP **FT MYERS FL 33901**

TITLE Change Addition
 NAME **D RICHARD D. DEBOEST II**
 STREET ADDRESS **2320 FIRST ST.**
 CITY-ST-ZIP **FT. MYERS FL 33901**

TITLE Delete
 NAME **T SAMPSON, LORI**
 STREET ADDRESS **12671 WHITEHALL DR**
 CITY-ST-ZIP **FT. MYERS FL**

TITLE Change Addition
 NAME **D MARIA PROCACCI**
 STREET ADDRESS **100 VINEYARDS BLVD.**
 CITY-ST-ZIP **NAPLES, FL**

TITLE Delete
 NAME **P ROBERT SAMOUCE ESQ**
 STREET ADDRESS **2375 TAMiami TRl N STE 308**
 CITY-ST-ZIP **NAPLES FL**

TITLE Change Addition

TITLE Delete
 NAME **D STROEMER, JOHN H CPA**
 STREET ADDRESS **8961 CONFERENCE CT**
 CITY-ST-ZIP **FORT MYERS FL**

TITLE Change Addition

TITLE Delete
 NAME **P JAMES E SCHNEIDER**
 STREET ADDRESS **1965 7TH LAKES BLVD**
 CITY-ST-ZIP **FORT MYERS FL**

TITLE Change 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:

[Handwritten Signature]
RICHARD D. DEBOEST II

1/17/01 941 338-4204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)