

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767888

1. Entity Name

SOUTHWEST FLORIDA MEN'S GOLF ASSOCIATION, INC.

Principal Place of Business

EMERY J. LETHAM  
26266 LANCER LANE  
PUNTA GORDA FL 33983  
US

Mailing Address

EMERY J. LETHAM  
26266 LANCER LANE  
PUNTA GORDA FL 33983-8626  
US

2. Principal Place of Business

8255 SW SUNNYBREEZE RD

Suite, Apt. #, etc.

ARCADIA FL

City & State

Zip

Country

34266 DE SOTO

3. Mailing Address

CALVIN SMITH

Suite, Apt. #, etc.

8255 SW SUNNYBREEZE RD

City & State

Zip

Country

34266 DE SOTO

6. Name and Address of Current Registered Agent

DELVIN, T. F.  
1526 SADDLE WOODS DR.  
FT. MYERS FL 33919

7. Name and Address of New Registered Agent

Name KENNETH J. ROSS

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

4225 GLASGOW CT.

City NORTH FT. MYERS

FL

Zip Code 33903

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

Kenneth J. Ross

KENNETH J. ROSS

3-20-2000

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	PD	<input type="checkbox"/> Delete
NAME	LETHAM, EMERY J	
STREET ADDRESS	26266 LANCER LANE	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SMITH, CALVIN	
STREET ADDRESS	8255 SW SUNNYBREEZE RD	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RAMEY, ROBERT	
STREET ADDRESS	8182 SW SUNNYBREEZE ROAD	
CITY-ST-ZIP	ARCADIA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROSS, KENNETH	
STREET ADDRESS	4225 GLASGOW CT.	
CITY-ST-ZIP	NORTH FORT MYERS FL	
TITLE	DC	<input type="checkbox"/> Delete
NAME	DEVLIN, T F	
STREET ADDRESS	1526 SADDLE WOODS DR	
CITY-ST-ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, CALVIN	
STREET ADDRESS	8255 SW SUNNYBREEZE RD.	
CITY-ST-ZIP	ARCADIA, FL 34266	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LETHAM, EMERY J.	
STREET ADDRESS	26266 LANCER LANE	
CITY-ST-ZIP	PUNTA GORDA, FL 33983	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINDAR, JAMES	
STREET ADDRESS	425 POSADAS CIRCLE	
CITY-ST-ZIP	PUNTA GORDA, FL 33983	
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:

KENNETH J. ROSS KENNETH ROSS 3-20-2000 941-995-4225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 21, 2000 8:00 am  
Secretary of State

04-21-2000 90116 047 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2286374 Applied For Not Applicable

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

CR2E037 (9/99)