

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

0624328 AT

DOCUMENT # F01000003653

1. Entity Name

RITTER'S OF SOUTHWEST FLORIDA, INC.

02-17-2002 90029 016 ***150.00

Principal Place of Business

**2859 SILVERWOOD LANE
 GREENWOOD IN 46143**

Mailing Address

**2859 SILVERWOOD LANE
 GREENWOOD IN 46143**



2. Principal Place of Business

3. Mailing Address

81 Hancock Bridge Pkwy W.

2235 First St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 113

City & State

Cape Coral FL

City & State

Ft Myers FL

Zip **33991**

Country

USA

Zip

33901

Country

USA

4. FEI Number

35-2138935

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

GARY STEHLE

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

2235 First St. Suite 113

City

Ft Myers

FL

Zip Code

33901

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]
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/21/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete
 NAME **CAPERTON, ROGER D**
 STREET ADDRESS **2859 SILVERWOOD LANE**
 CITY-ST-ZIP **GREENWOOD IN 46143**

TITLE **VTCD** ☐ Delete
 NAME **STEHLE, GARY E**
 STREET ADDRESS **2859 SILVERWOOD LANE**
 CITY-ST-ZIP **GREENWOOD IN 46143**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **V.P. Stehle, Gary**
 STREET ADDRESS **15360 Sanoma Dr. Apt. #104**
 CITY-ST-ZIP **Ft. Myers, FL 33908**

TITLE ☐ Change ☒ Addition
 NAME **Secretary/Treasurer**
 STREET ADDRESS **Howard Gross**
 CITY-ST-ZIP **300 N. Meridian St. Suite 1100**
Indianapolis, IN 46204

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

1/21/02

941-791-7900

Day

Daytime Phone #

CR2E034 (9/01)