2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like of pow

Feb 01, 2001 8:00 am Secretary of State **DOCUMENT # L24161** have III SOUTHWEST COAST LAND COMPANY, INC. 02-01-2001 90121 001 ***150.00 Principal Place of Business Mailing Address 14831 LAGUNA DRIVE 14831 LAGUNA DRIVE FT. MYERS FL 33908 FT.MYERS FL 33908 LIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0284640 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FASIG, DONALD L. Street Address (P.O. Box Number is Not Acceptable) 14831 LAGUNA DRIVE FT.MYERS FL 33908 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PD Change ☐ Addition TITLE □ Delete TITLE GOEBEL, EDWARD L., JR. NAME NAME STREET ADDRESS 120 E MARKET ST STE 710 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP INDIANAPOLIS IN SD ☐ Addition ☐ Delete TITLE Change NAME RIZZO-GAVIN, ELIZABETH NAME 14831 LAGUNA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL ☐ Addition TITLE ☐ Delete TITLE ☐ Change FASIG, DONALD_L._. NAME NAME 5 STREET ADDRESS 14831 LAGUNA DRIVE STREET ADDRESS CITY-ST-ZIP FT. MYERS FL CITY-ST-ZIP ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

FILED