

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2001 8:00 am**  
**Secretary of State**

08-29-2001 90014 001 \*\*\*\*70.00

DOCUMENT # *N00000000757*

1. Entity Name

*LO AND SLO FLYERS OF SOUTH WEST FLORIDA, INCORP*

Principal Place of Business

Mailing Address

*SHELL CREEK AIRPORT*

*PO BOX 51062  
PUNTA GORDA, FLORIDA  
33951*

2. Principal Place of Business

3. Mailing Address

*1790 NEW ST*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

*NORTH PORT, FLORIDA*

4. FEI Number

*31-1689859*

Applied For

Not Applicable

Zip

Country

Zip

*34286*

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

*WARREN RAHZ  
3115 SCENIC VIEW DRIVE  
PUNTA GORDA, FLORIDA 33950*

Name *ROBIN FURDELL*

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

*1704 CASCADE WAY*

City

*NO FT MYERS*

FL

Zip Code

*33917*

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

*ROBIN FURDELL, VP/D*

*8-15-2001*

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**

**After September 12, 2001, min. will be \$236.25**

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 *S*  
NAME *SKIP HILL*  
STREET ADDRESS *PO BOX 51062*  
CITY-ST-ZIP *PUNTA GORDA, FLORIDA 33951*

TITLE *STD*  
NAME *PATRICIA HATFIELD*  
STREET ADDRESS *215 BELAIRE COURT*  
CITY-ST-ZIP *PUNTA GORDA, FLORIDA 33951*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *PD*  
NAME *MARCUS ANDERSON*  
STREET ADDRESS *1325 SE 2ND PLACE*  
CITY-ST-ZIP *CAPE CORAL, FLORIDA 33909*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *VPD*  
NAME *ROBIN FURDELL*  
STREET ADDRESS *1704 CASCADE WAY*  
CITY-ST-ZIP *NO FT MYERS, FLORIDA 33917*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *T/D*  
NAME *GLORIA PHILBRICK*  
STREET ADDRESS *1790 NEW ST*  
CITY-ST-ZIP *NORTH PORT, FLORIDA 34286*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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:

*Gloria Philbrick* *GLORIA PHILBRICK, Treas.* *8-15-2001* *941-423-0024*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)