

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91341 014 ****61.25

DOCUMENT # **N00000002230**

1. Entity Name
WAKE UP AMERICA OF SOUTHWEST FLORIDA, INC.
 Florida Non-Profit

Principal Place of Business Mailing Address
7642 Eaglet Court **7642 Eaglet Court**
Fort Myers, FL 33912 **Fort Myers, FL 33912**

2. Principal Place of Business 3. Mailing Address
2135 Central Ave. **P.O. Box 1654**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Fort Myers, FL **Fort Myers, FL**

Zip Country Zip Country
33901 **Lee** **33902** **Lee**

4. FEI Number Applied For
65-0997803 Not Applicable

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

6. Name and Address of Current Registered Agent

Thomas M. Wiley, Jr.
7642 Eaglet Court
Fort Myers, FL 33912

7. Name and Address of New Registered Agent

Name
Gerald F. Koenig
 Street Address (P.O. Box Number is Not Acceptable)
7019 New Post Drive
 City No. Fort 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  **Gerald F. Koenig** **April 24, 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

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 **Thomas M. Wiley, Jr.** ☒ Delete
 NAME **7642 Eaglet Court**
 STREET ADDRESS **Fort Myers, FL 33912**
 CITY-ST-ZIP

TITLE VD **George T. Beemer** ☒ Delete
 NAME **5652 Arvine Circle**
 STREET ADDRESS **Fort Myers, FL 33903**
 CITY-ST-ZIP

TITLE STD **R. Rankin Terry, Jr.** ☒ Delete
 NAME **2121 McGregor Blvd.**
 STREET ADDRESS **Fort Myers, FL 33901**
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD **Gerald F. Koenig** ☒ Change ☐ Addition
 NAME **7019 New Post Drive**
 STREET ADDRESS **No. Fort Myers, FL 33917**
 CITY-ST-ZIP

TITLE VD **Betty Smith** ☒ Change ☐ Addition
 NAME **3175 Shell Lane**
 STREET ADDRESS **LaBelle, FL 33434**
 CITY-ST-ZIP

TITLE SD **Linda Hessler** ☒ Change ☐ Addition
 NAME **1788 Fowler St.**
 STREET ADDRESS **Fort Myers, FL 33901**
 CITY-ST-ZIP

TITLE TD **Terry Fox** ☒ Change ☐ Addition
 NAME **2528 N.E. 1st Ave.**
 STREET ADDRESS **Cape Coral, FL 33909**
 CITY-ST-ZIP

TITLE D **Richard Sapp** ☐ Change ☒ Addition
 NAME **3275 South St.**
 STREET ADDRESS **Fort Myers, FL 33916**
 CITY-ST-ZIP

TITLE D **Tom Quake** ☐ Change ☒ Addition
 NAME **8390 Riveria Ave.**
 STREET ADDRESS **Fort Myers, FL 33919**
 CITY-ST-ZIP

CR2E037 (11/00)

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:  **Gerald F. Koenig** **President and Director** **April 24, 2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #