

**-2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90092 044 \*\*\*\*61.25

**DOCUMENT # N00000002230**

1. Entity Name

**WAKE UP AMERICA OF SOUTHWEST FLORIDA, INC.**



Principal Place of Business

**2135 CENTRAL AVENUE  
FORT MYERS FL 33901**

Mailing Address

**P.O. BOX 1654  
FORT MYERS FL 33902**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0997803**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SMITH, BETTY R  
PO BOX 1654-3175 SHELL LN  
LABELLE FL 33935**

7. Name and Address of New Registered Agent

Name **GERALD F. KOENIG**

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

**2135 CENTRAL AVE**

City

**FORT 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-6-03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☐ Delete  
NAME **FOX, TERRY**  
STREET ADDRESS **2528 NE 1ST AVENUE**  
CITY-ST-ZIP **CAPE CORAL FL 33909**

TITLE **D** ☐ Delete  
NAME **SAPP, RICHARD**  
STREET ADDRESS **3275 SOUTH ST**  
CITY-ST-ZIP **FORT MYERS FL 33916**

TITLE **D** ☐ Delete  
NAME **QUAKE, TOM**  
STREET ADDRESS **8390 RIVERIA AVENUE**  
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **PD** ☐ Delete  
NAME **KOENIG, GERALD F**  
STREET ADDRESS **7019 NEW POST DRIVE**  
CITY-ST-ZIP **N FORT MYERS FL 33917**

TITLE **VD** ☒ Delete  
NAME **SMITH, BETTY**  
STREET ADDRESS **3175 SHELL LANE**  
CITY-ST-ZIP **LABELLE FL 33434**

TITLE **SD** ☐ Delete  
NAME **HESSLER, LINDA**  
STREET ADDRESS **1788 FOWLER ST**  
CITY-ST-ZIP **FORT MYERS FL 33901**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☒ 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

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

TITLE **DT** ☐ Change ☒ Addition  
NAME **ROBERT J. KAYE**  
STREET ADDRESS **2133 BROADWAY**  
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **VD** ☒ Change ☐ 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:

**GERALD F. KOENIG**

**1-6-03**

**239-334-4665**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)