

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002281

1. Entity Name

SOUTHWEST FLORIDA'S FOUNDATION FOR YOUTH GOLF, INC.

FILED

May 22, 2002 8:00 am
Secretary of State

05-22-2002 90073 034 ****61.25

Principal Place of Business

Mailing Address

400 MISTY PINES CIRCLE
NAPLES FL 34105

400 MISTY PINES CIRCLE
NAPLES FL 34105

80109217

2. Principal Place of Business

6198 Town Center Cir

3. Mailing Address

6198 Town Center Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

59-3637949

Applied For

Not Applicable

Zip

34119

Country

Collier

Zip

34119

Country

Collier

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PADGETT, KATHLEEN
400 MISTY PINES CIRCLE
NAPLES FL 34105

7. Name and Address of New Registered Agent

Name

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

6198 Town Center Cir

City

NAPLES

FL

Zip Code

34119

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)

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
NAME PADGETT, KATHLEEN ☐ Delete
STREET ADDRESS 400 MISTY PINES CIRCLE
CITY-ST-ZIP NAPLES FL 34105

TITLE VD
NAME SANTORA, DONALD ☐ Delete
STREET ADDRESS 400 MISTY PINES CIRCLE
CITY-ST-ZIP NAPLES FL 34105

TITLE SD
NAME ZABALA, JAIME ☐ Delete
STREET ADDRESS 400 MISTY PINES CIRCLE
CITY-ST-ZIP NAPLES FL 34105

TITLE TD
NAME MATTHEWS, BETTYE ☐ Delete
STREET ADDRESS 400 MISTY PINES CIRCLE
CITY-ST-ZIP NAPLES FL 34105

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 ☒ Change ☐ Addition
NAME
STREET ADDRESS 6198 TOWN CENTER CIR
CITY-ST-ZIP NAPLES, FL 34119

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 762 Regency Reserve Cir
CITY-ST-ZIP #2003 NAPLES, FL 34119

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

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)