

2001 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
Apr 25, 2001 8:00 am
Secretary of State

03-27-2001 90014 015 *****61.25

DOCUMENT # N00000004791

1. Entity Name

NAWBO OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

**6450 PINE AVE
SANIBEL FL 33957**

Mailing Address

**4600 C-2 SUMMERLIN RD. #575
FT MYERS FL 33919**

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

65-1019315

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROBISON, LINDA R
6450 PINE AVE
SANIBEL FL 33957**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 NAME STREET ADDRESS CITY-ST-ZIP	D P ANDERT-SCHMIDT, DARLENE 2562 SW 27TH PLACE CAPE CORAL FL 33914 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HESSMAN, ROE 1209 SW 36TH TERR CAPE CORAL FL 33914 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUPE, SANDRA 7021 CONSTITUTIONAL BLVD, SUITE 5 FT MYERS FL 33912 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVELETH, SANDRA 8801 COLLEGE PARKWAY, SUITE 3 FT MYERS FL 33919 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRAY, KATHI 10241 METOR PARKWAY, SUITE 112 FT MYERS FL 33906 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOBY, SUE A 800 SEAGATE DR NAPLES FL 34103 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Elect Sarah Gornall 6523 Royal Woods Dr. Fort Myers, FL 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Geraldine A. Jones 200 14368 Riverside Drive Ft. Myers, FL 33905 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Mary Dockham 689 East Rock A Sanibel, FL 33957 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ginny Goodman 19267 Vintage Trace Circle Ft. Myers, FL 33912 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Linda Robison 6450 Pine Ave Sanibel, FL 33957 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Andert-Schmidt, Darlene 4647 SE 17th Place Unit 304 Cape Coral, FL 33904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Darlene Andert-Schmidt, Pres.

Date

1/12/01

Daytime Phone #

CR2E037 (10/00)