

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000002766

1. Entity Name

SOUTHWEST FLORIDA STAMPEDE, INC.

Principal Place of Business

Mailing Address

3776 HIDDEN ACRES CIRCLE
N FT MYERS FL 33903

3776 HIDDEN ACRES CIRCLE
N FT MYERS FL 33903

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

65-1087842

Applied For

Not Applicable

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

Name

MICHAEL TUCKER

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

5 HAMILTON AVE

City

LEHIGH ACRES

FL

Zip Code

33972

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME BAKER, RUSSELL
STREET ADDRESS 3776 HIDDEN ACRES CIRCLE
CITY-ST-ZIP N FT MYERS FL 33903 ☐ Delete

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

TITLE D
NAME DOUGHRETY, JAMES
STREET ADDRESS 118 SE 12 PLACE
CITY-ST-ZIP CAPE CORAL FL 33990 ☐ Delete

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

TITLE D
NAME KEYES, JOHN
STREET ADDRESS 65 TIMBERLAND CIR
CITY-ST-ZIP FT MYERS FL 33919 ☐ Delete

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

TITLE D
NAME BARRACO, CARL
STREET ADDRESS 8380 AQUA COVE LANE
CITY-ST-ZIP N FT MYERS FL 33903 ☐ Delete

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

TITLE D
NAME JOHNSON, EDWARD
STREET ADDRESS 7701 WOODLAND BEND CIR
CITY-ST-ZIP FT MYERS FL 33912 ☐ Delete

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

TITLE D
NAME TUCKER, MICHAEL
STREET ADDRESS 5 HAMILTON AVE
CITY-ST-ZIP LEHIGH ACRES FL 33972 ☐ Delete

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

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] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/02 239-939-5383

Date

Daytime Phone #

CR2E037 (9/01)