

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N01000003446**

1. Entity Name

SAVE ESTERO, INC.**FILED**
Jul 02, 2002 8:00 am
Secretary of State

07-02-2002 90815 024 ****61.25

0063965

Principal Place of Business

Mailing Address

P.O. BOX 870
ESTERO FL 33928**P.O. BOX 870**
ESTERO FL 33928

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

65-1109378

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

ANDERS, JAMES
3891 MARYANN WAY
ESTERO FL 33928

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 \$61.259. 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 **PD** ☐ Delete
NAME **NEWELL, LAWRENCE H**
STREET ADDRESS **22739 CAROLINE DR.**
CITY-ST-ZIP **ESTERO FL 33928**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☒ Delete
NAME **SCHWEERS, RICHARD G**
STREET ADDRESS **22619 FOREST VIEW DR.**
CITY-ST-ZIP **ESTERO FL 33918**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **STD** ☐ Delete
NAME **ANDERS, JAMES**
STREET ADDRESS **3891 MARYANN WAY**
CITY-ST-ZIP **ESTERO FL 33928**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **CD** ☒ Delete
NAME **BROWN, WILLIAM R**
STREET ADDRESS **4160 GUNNISON CT., #821**
CITY-ST-ZIP **ESTERO FL 33928**TITLE **CD** ☐ Change ☒ Addition
NAME **JOHN RUEHL**
STREET ADDRESS **11451 PEMBRIDGE RUN**
CITY-ST-ZIP **ESTERO FL 33928**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)