

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

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90060 001 ****61.25

DOCUMENT # N02000006501

1. Entity Name
**VETERANS CIVIC ASSOCIATION OF SOUTHWEST FLORIDA,
INC.**



Principal Place of Business
**POST OFFICE BOX 4089
NORTH FORT MYERS FL 33918**

Mailing Address
**POST OFFICE BOX 4089
NORTH FORT MYERS FL 33918**

2. Principal Place of Business
P. O. Box 150676

3. Mailing Address
P. O. Box 150676

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Cape Coral, FL

City & State
Cape Coral, FL

4. FEI Number
52-2375252

Applied For
Not Applicable

Zip
33915

Country
USA

Zip
33915

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STONE, R.M.
13140 BURNINGTREE AVENUE
FORT MYERS FL 33919**

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

SIGNATURE _____ (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
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | DIAMOND, CHERYL | |
| STREET ADDRESS | 684 BRIGANTINE | |
| CITY-ST-ZIP | NO. FORT MYERS FL 33917 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GILL, DON | |
| STREET ADDRESS | 674 BRIGANTINE | |
| CITY-ST-ZIP | NO. FORT MYERS FL 33917 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | STONE, R.M. | |
| STREET ADDRESS | 13140 BURNINGTREE AVE. | |
| CITY-ST-ZIP | FORT MYERS FL 33919 | |
| TITLE | Director | <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Addition |
| NAME | Bruce Smith | |
| STREET ADDRESS | 1531 Flynn Rd. | |
| CITY-ST-ZIP | N. Ft. Myers, FL 33903 | |
| TITLE | Director | <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Addition |
| NAME | Dale E. Thomas | |
| STREET ADDRESS | P. O. Box 3710 | |
| CITY-ST-ZIP | N. Ft. Myers, FL 33918 | |
| TITLE | Director | <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Addition |
| NAME | Eddie Felton | |
| STREET ADDRESS | 34 Castle Bar Circle | |
| CITY-ST-ZIP | Ft. Myers, FL 33905 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------------------|--|
| TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Richard Armstrong | |
| STREET ADDRESS | 908 Calamondin Court | |
| CITY-ST-ZIP | N. Ft. Myers, FL 33917 | |
| TITLE | Director & President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Robert Nicoletti | |
| STREET ADDRESS | 5722 Galloway Dr. | |
| CITY-ST-ZIP | N. Ft. Myers, FL 33903 | |
| TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | John Majdiak | |
| STREET ADDRESS | 5898 Littleton Court, #C | |
| CITY-ST-ZIP | N. Ft. Myers, FL 33903 | |
| TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Patrick Hayhurst | |
| STREET ADDRESS | 1274 Monica Lane | |
| CITY-ST-ZIP | N. Ft. Myers, FL 33903 | |
| TITLE | Director & Sec./Treas. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Margaret Ketchum | |
| STREET ADDRESS | 1231 NW 14th Place | |
| CITY-ST-ZIP | Cape Coral, FL 33993 | |
| TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | John Ketchum | |
| STREET ADDRESS | 1231 NW 14th Place | |
| CITY-ST-ZIP | Cape Coral, FL 33993 | |

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: **Margaret Ketchum**

3-10-03 239-772-9065

CR2E037 (10/02)