

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90159 027 ****61.25

DOCUMENT # N17309

1. Entity Name

SAWCC, INC.

Principal Place of Business

Mailing Address

P.O. BOX 10102
 NAPLES FL 34101
 US

P.O. BOX 10102
 NAPLES FL 34101-0102
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2752895

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FISHBANE, JONATHAN D ESQ.
 ROETZEL & ANDRESS, L.P.A.
 850 PARK SHORE DR., THIRD FLOOR
 NAPLES FL 34103**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **SCHLEPER, BARBARA**
 STREET ADDRESS **280 BALTUSROL DR.**
 CITY-ST-ZIP **NAPLES FL**

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

TITLE **D** ☒ Delete
 NAME **YATES, CAROL S**
 STREET ADDRESS **134C**
 CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **FRANKIE ANN TESTER**
 STREET ADDRESS **2335 9th ST. N., STE 205**
 CITY-ST-ZIP **NAPLES, FL 34103**

TITLE **D** ☒ Delete
 NAME **SCHULZ, FRED**
 STREET ADDRESS **431 18TH AVE, N.W.**
 CITY-ST-ZIP **NAPLES FL 34120**

TITLE **D** ☐ Change ☒ Addition
 NAME **AMIRA DAJANI SWETT**
 STREET ADDRESS **3301 TAMAMITRAK E., 6th FLOOR, BLDG. F**
 CITY-ST-ZIP **NAPLES, FL 34112**

TITLE **D** ☒ Delete
 NAME **KANY, BONNIE**
 STREET ADDRESS **1910 MISSION DR.**
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE **D** ☐ Change ☒ Addition
 NAME **KEN O'LEARY**
 STREET ADDRESS **2890 SEBON CT.**
 CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE **CEO** ☐ Delete
 NAME **HERMAN, KATHY**
 STREET ADDRESS **PO BOX 10102 N/A**
 CITY-ST-ZIP **NAPLES FL**

TITLE ☒ Change ☐ Addition
 NAME **KATHY HERRMANN**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 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

KATHY HERRMANN

Date

1/14/00

Daytime Phone #

941-775-3862

CF2E037 (9/99)