

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

DOCUMENT # N17762

1. Entity Name

CONNIE MACK-ALLIE SCHMIDT TENT, SAINTS AND SINNE
RS OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

4809 SW 13TH AVE
P O BOX 366
CAPE CORAL FL 33914
US

Mailing Address

P O BOX 366
P.O. BOX 366
CAPE CORAL FL 33910
US

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 59-2620198

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

TEMPLETON, RODNEY
4160 YARMOUTH COURT
FORT MYERS FL 33903

Name, JAY W. SEGROVES

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

4647 SE 17TH PLACE APT #102

City CAPE CORAL

FL

Zip Code 33904

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

Jay W. Segroves
JAY W. SEGROVES

(NOTE: Registered Agent signature required when reinstating)

DATE

3/15/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME FRABELL, ROBERT
STREET ADDRESS 15216 CORAL ISLE COURT
CITY-ST-ZIP FORT MYERS FL 33919 ☐ Delete

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

TITLE SD
NAME NICIFORO, THOMAS
STREET ADDRESS 1716 EMERALD COVE DR
CITY-ST-ZIP CAPE CORAL FL 33991 ☒ Delete

TITLE SD
NAME ROBERT E. MARKS
STREET ADDRESS 7715 CAMERON CIRCLE
CITY-ST-ZIP FT. MYERS, FL, 33913 ☐ Change ☒ Addition

TITLE TD
NAME TEMPLETON, RODNEY
STREET ADDRESS 4160 YARMOUTH COURT
CITY-ST-ZIP FORT MYERS FL 33903 ☒ Delete

TITLE TD
NAME JAY W. SEGROVES
STREET ADDRESS 4647 SE 17TH PLACE APT #102
CITY-ST-ZIP CAPE CORAL, FL, 33904 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Jay W. Segroves
JAY W. SEGROVES

3/15/03

(239)540-0595

CR2E037 (10/02)