

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

FILED
Jun 16, 2003 8:00 am
Secretary of State

05-19-2003 90228 011 ****61.25

DOCUMENT # N21405

1. Entity Name
SOUTHWEST FLORIDA JAZZ SOCIETY, INC.



Principal Place of Business

C/O SANDRA KIESSLING
4940 VINCENNES STREET #107
CAPE CORAL FL 33904
US

Mailing Address

C/O SANDRA KIESSLING
4940 VINCENNES STREET #107
CAPE CORAL FL 33904
US

55048556

2. Principal Place of Business

4620 McGREGOR BLVD "D"
City & State
FT. MYERS FL.

3. Mailing Address

S.W.F.J.S. INC.
Suite, Apt. #, etc.
P.O. BOX 10117
City & State
CAPE CORAL FL.

4. FEI Number **65-0075414**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIESSLING, SANDRA
490 VINCENNES STREET
#107
CAPE CORAL FL 33904

Name
SUNNY ROBBINS (SUNSHINE TRUCKER)
Street Address (P.O. Box Number is Not Acceptable)
4620 D McGREGOR BLVD "D"
City
FT. MYERS FL Zip Code
33901

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

William A. Blum PRES. S.W. FL. JAZZ SOCIETY

5/14/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
KIESSLING, CLARENCE
4940 VINCENNES STREET #107
CAPE CORAL FL 33904 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
KIESSLING, SANDRA
4940 VINCENNES STREET #108
CAPE CORAL FL 33904 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WINNER, JERRY
167 SW 53RD STREET
CAPE CORAL FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MCCOLLOUGH, TRIMBLE
860 OAK STREET
FORT MYERS BEACH FL 33931 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
William Flachbach President ☒ Change ☐ Addition
4613 SE 5th Place #104
Cape Coral, Florida 33904 D

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Mary Ann Donovan Vice President ☒ Change ☐ Addition
5745-F Foxlake Drive
Fort Myers, Florida 33917 D

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Sunny Robbins *Robbins* ☒ Change ☐ Addition
4620 D McGregor Blvd
Pt. Myers, Florida 33901 D

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

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

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)(l), 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

6.14.03

Date

239 278 9088

Daytime Phone #

CR2E037 (10/02)