## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 26, 2001 8:00 am - Secretary of State **DOCUMENT # N21759** 1. Entity Name SOUTH WEST FLORIDA CHEF'S ASSOCIATION, INC. 04-26-2001 90020 004 \*\*\*\*61 25 Mailing Address Principal Place of Business C/O ROSEMARIE DRYGALA C/O ROSEMARIE DRYGALA 1932 PICCABILLY CIR 1932 PICCABILLY CIR CAPE CORAL FL 33991 CAPE CORAL FL 33991 3. Mailing Address 2. Principal Place of Business 19TH ST Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. APE ( ORAL City & State Applied For 4. FEI Number City & State 65-0029036 Not Applicable Country \$8.75 Additional Zip\_ Certificate of Status Desired 990 LEE Fee Required --- --7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SMITH, DELBERT W 142 SE 19TH STREET CAPE CORAL FL 33990 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. 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to **FILE NOW:** Department of State Trust Fund Contribution. Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition TITI F ☐ Delete TITLE NAME SMITH, DELBERT NAMÉ STREET ADDRESS STREET ADDRESS 142 SE 19TH STREET CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33990 \* Change ☐ Addition PRESIDENT PD Delete TITLE TITLE NICO BOGERT 129 SE 32 NOST CAPECORAL FOR NEW SEC. CHERY BAWMAN 3311 ARECA ST NAME ELIAS, JACK NAME STREET ADDRESS 1610 CORNWALLIS PARKWAY STREET ADDRESS CÎTY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL **C**thange ☐ Addition Delete TITLE TITLE DRYGALA, ROSEMARIE NAME NAME STREET ADDRESS 1932 PIECADILLY CIR STREET ADDRESS 33950 PUNTA GORDA CITY-ST-ZIP eape coral fl 33991 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE TREUHEIT, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 17171 KNIGHT DR CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

**FILED** 

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Pho