## **2000 UNIFORM BUSINESS REPORT (UBR)**

## Apr 03, 2000 8:00 am Secretary of State **DOCUMENT # N23848** 1. Entity Name SOUTHWEST FLORIDA SOCIETY OF THE INSTITUTE OF CE 04-03-2000 90198 001 \*\*\*\*61.25 FINANCIAL PLANNING ASSOCIATION OF SOUTHLURST FLORIGH, INC. Principal Place of Business Mailing Address POST OFFICE BOX 870 POST OFFICE BOX 870 ESTERO FL 33928-0870 ESTERO FL 33928-0870 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 59-2866257 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ANDERS, JAMES 17230 S. TAMIAMI TRAIL FT. MYERS FL 33908-4541 City 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 DATE FILE NOW: 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE ☐ Change ☐ Addition APPLEGATE, JAMES NAME APPLEGATE, JAMES H NAME STREET ADDRESS 6700 WINKLER ROAD SUITE #2 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33919 Delete ☐ Change TITLE TITLE ☐ Addition ANDERS, JAMES NAME NAME STREET ADDRESS STREET ADDRESS 17230 S. TAMIAMI TRAIL CITY-ST-ZIP FORT MYERS FL 33908 CITY-ST-7IP TITLE Delete TITLE \_ ☐ Change ☐ Addition VERTICH TAMES VERTICH, JAMES NAME NAME 1510 ROYAL PALM SQUARE BLVD STE 103 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33906 TITLE Delete TITLE ☐ Addition KINGSTON, JOHN KINGSTON, JOHN NAME 6700 WINKLER RD STE 2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33919 TITLE ☐ Delete TITLE Change ☐ Addition LOW, SUZANNE C NAME NAME STREET ADDRESS 5051 CASTELLO DRIVE, STE 252 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34103 TITLE ☐ Delete TITLE Change ☐ Addition FUREMAN, ARLENE NAME FOREMAN, ARLENE R NAME STREET ADDRESS 4841 SPRINGLINE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT MYERS FL 33919-4607 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 Date Daytime Phone #

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## Financial Planning Association of Southwest Florida, Inc.

## Additional Officers:

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