

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90073 005 ****61.25

DOCUMENT # N23848

1. Entity Name

THE FINANCIAL PLANNING ASSOCIATION OF SOUTHWEST

Principal Place of Business

ANDERS & ANDERS, INC.
17230 S. TAMiami TRAIL, STE. 9
FORT MYERS FL 33908

Mailing Address

ANDERS & ANDERS, INC.
17230 S. TAMiami TRAIL, STE. 9
FORT MYERS FL 33908

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

BRADLEY R. TEETS

P.O. BOX 510610

PUNTA GORDA, FL

33951

CHARLOTE

6. Name and Address of Current Registered Agent

ANDERS, JAMES
17230 S. TAMiami TRAIL
FT. MYERS FL 33908-4541

7. Name and Address of New Registered Agent

Name **BRADLEY R. TEETS**

Street Address (P.O. Box Number is Not Acceptable)
252 W. OLYMPIA AVE

City **PUNTA GORDA**

FL

Zip Code **33950**

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 *Bradley R. Teets*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/01

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

TITLE **TD** ☒ Delete
 NAME **APPGATE, JAMES H**
 STREET ADDRESS **6700 WINKLER ROAD SUITE #2**
 CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **CD** ☐ Delete
 NAME **VERTICH, JAMES**
 STREET ADDRESS **1510 ROYAL PALM SQUARE BLVD STE 103**
 CITY-ST-ZIP **FT MYERS FL 33906**

TITLE **PD** ☐ Delete
 NAME **KINGSTON, JOHN**
 STREET ADDRESS **6700 WINKLER RD STE 2**
 CITY-ST-ZIP **FT MYERS FL 33919**

TITLE **D** ☐ Delete
 NAME **LOW, SUZANNE C**
 STREET ADDRESS **5051 CASTELLO DRIVE, STE 252**
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE **SD** ☐ Delete
 NAME **FOREMAN, ARLENE R**
 STREET ADDRESS **4841 SPRINGLINE DR**
 CITY-ST-ZIP **FT MYERS FL 33919-4607**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Change ☒ Addition
 NAME **BRADLEY R. TEETS**
 STREET ADDRESS **P.O. BOX 510610**
 CITY-ST-ZIP **PUNTA GORDA, FL 33951**

TITLE **PD** ☐ Change ☒ Addition
 NAME **ANTHONY J CURATOLD**
 STREET ADDRESS **3001 TAMiami TRAIL, NORTH, # 101**
 CITY-ST-ZIP **NAPLES, FL 34103**

TITLE **D** ☒ Change ☐ Addition
 NAME **KINGSTON, JOHN**
 STREET ADDRESS **6700 WINKLER RD, SUITE 2**
 CITY-ST-ZIP **FT MYERS, FL 33919**

TITLE **VD** ☒ Change ☐ Addition
 NAME **LOW, SUZANNE C**
 STREET ADDRESS **5051 CASTELLO DR, SUITE 252**
 CITY-ST-ZIP **NAPLES, FL 34103**

TITLE ☐ Change ☐ Addition
 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: *Bradley R. Teets* (**BRADLEY R. TEETS**) **4/28/01** **941-575-2031**

CR2E037 (10/00)