2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24177

i. Entity Name

FLEET RESERVE ASSOCIATION OF SOUTHWEST FLORIDA B

FILED Mar 07, 2000 8:00 am Secretary of State 03-07-2000 90069 027 ****61.25

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ncipal Flace of Business	Mailing Address					
SUNSHINE BLVD — ACRES FL 33971	2701 LEE BLVD.	119		~ ~ ~ U		
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Principal Place of Business	3. Mailing Address	- BLUD				
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State			4. FEI Numbe	65-0047793		plied For t Applicable
Zip Country	CENTER ACA	Country	5. Certificate	of Status Desired	\$8.75 Add	litional
6. Name and Address of	Current Registered Agent	1	7. Name and	Address of New Registered		
	n la	_ Name				
OOWNS, LEE B.		Street Addre	ess (P.O. Box Number	is Not Acceptable)		
701 LEE BLVD.				· · · · · ·		
EHIGH ACRES FL 33971		City		FI	Zip Code	e
The above named entity submits this stat	ament for the purpose of changing its	registered office or reg	istered agent, or both		- 1	
The above married entity submits this state	entent for the purpose of changing its i	egistered office of leg	istered agent, or both	, in the state of Florida.		
0006	3 been					
Signature, typed or printer name of regist	tered agent and title if applicable. (NOTE	. Registered Agent signature red	quired when reinstating)	DATE		
	tered agent and title if applicable. (NOTE	Registered Agent signature red	quired when reinstating)	DATE		
FILE NOW:	9. Election Campaign	Financing \$	5.00 May Be	Make Check)
Signature, types or printer name of regist	I	Financing \$				•
Signature, types of printed name of regist FILE NOW: FEE IS \$61.25 OFFICERS	9. Election Campaign	Financing \$	5.00 May Be dded to Fees	Make Check	nt of State	10
Signature, types of printed name of regist FILE NOW: FEE IS \$61.25 OFFICERS	9. Election Campaign Trust Fund Contribu	Financing \$ ution.	5.00 May Be dded to Fees	Make Check Departmen	nt of State	
Signature, types of printed name of regist FILE NOW: FEE IS \$61.25 OFFICERS PD HARTLIEB, CARL	9. Election Campaign Trust Fund Contribu	Financing \$ ution.	5.00 May Be dded to Fees	Make Check Departmen	nt of State	10
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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 access, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR