

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90329 040 ****61.25

DOCUMENT # N24757

1. Entity Name

THE CHAMBER OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

1520 ROYAL PALM SQUARE BLVD.
SUITE 210
FT. MYERS FL 33919
US

Mailing Address

1520 ROYAL PALM SQUARE BLVD.
SUITE 210
FT. MYERS FL 33919
US

60011271



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0028894**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TIREY, STEPHEN T.
1520 ROYAL PALM SQ. BLVD., STE 210
FORT MYERS FL 33919

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 **C** Delete
NAME **MUELLER, THOMAS**
STREET ADDRESS **1520 ROYAL PALM SQUARE BLVD #210**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **PD** Delete
NAME **TIREY, STEPHEN T.**
STREET ADDRESS **1520 ROYAL PALM SQUARE BLVD., #210**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **D** Delete
NAME **WIEST, JOHN**
STREET ADDRESS **636 DEL PARDO BLVD. S.**
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE **D** Delete
NAME **WHIDDEN, GROVER**
STREET ADDRESS **1926 VICTORIA AVE**
CITY-ST-ZIP **FT. MYERS FL**

TITLE **D** Delete
NAME **GRADY, BEVERLY**
STREET ADDRESS **2320 FIRST ST. STE 100**
CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE **D** Delete
NAME **BARRETT, NEWT**
STREET ADDRESS **12811 KENWOOD LANE**
CITY-ST-ZIP **FORT MYERS FL 33907**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **C** Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Richard Elliott* **RICHARD ELLIOTT** Controller 1/17/03 239 278-4001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)