

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25929

1. Entity Name

ALICO INDUSTRIAL CENTER OWNERS' ASSOCIATION, INC

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90052 034 ****61.25

Principal Place of Business

6385 PRESIDENTIAL COURT. S.W.
SUITE 104
FT. MYERS FL 33919-3577
US

Mailing Address

6385 PRESIDENTIAL COURT. S.W.
SUITE 104
FT. MYERS FL 33919-3576
US

2. Principal Place of Business

6000 Forest Blvd

Suite, Apt. #, etc.

3. Mailing Address

6000 Forest Blvd.

Suite, Apt. #, etc.

City & State

Fort Myers FL

City & State

Fort Myers FL

Zip

33908

Country

US

Zip

33908

Country

US

4. FEI Number

65-0127786

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAVINA, PETER J.
1833 HENDRY STREET
FT MYERS FL

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.

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS SWOR, DAVID W. 16621 BOBCAT COURT S.W. FT. MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SWOR, DAVID W. 16621 BOBCAT COURT S.W. FT. MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, CARL 6385 PRESIDENTIAL CT S.W. FT. MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAGG, HAROLD 6385 PRESIDENTIAL CT S.W. FT. MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

6000 Forest Blvd.
Fort Myers, FL 33908

6000 Forest Blvd.
Fort Myers, FL 33908

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: David W. Swor **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00

Date

941-481-0111

Daytime Phone #

CR2E037 (9/99)