

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90309 022 ****70.00

DOCUMENT # N28990

1. Entity Name

SOUTHWEST FLORIDA WOODCARVERS EXHIBITION, INC.

Principal Place of Business

C/O G JAKE NORMAN
 11311 A POPLIN AVE
 ENGLEWOOD FL 34224
 US

Mailing Address

C/O G JAKE NORMAN
 11311 A POPLIN AVE
 ENGLEWOOD FL 34224
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NORMAN, G J
 11311 A POPLIN AVE
 ENGLEWOOD FL 34224**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ ☐ Delete
 NAME **OTTUM, TOM**
 STREET ADDRESS **22107 27TH AVE E**
 CITY-ST-ZIP **BRADENTON FL 34202**

TITLE ☒ ☐ Change ☐ Addition
 NAME **OTTUM, TOM**
 STREET ADDRESS **22107 27TH AVE E**
 CITY-ST-ZIP **BRADENTON FL 34202**

TITLE ☐ ☐ Delete
 NAME **D**
 STREET ADDRESS **CHARLES PETERS**
 CITY-ST-ZIP **620 SIMMONS AVE.
 SARASOTA FL**

TITLE ☐ ☐ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **CHARLES PETERS**
 CITY-ST-ZIP **620 SIMMONS AVE.
 SARASOTA FL**

TITLE ☐ ☐ Delete
 NAME **PD**
 STREET ADDRESS **NORMAN, G J**
 CITY-ST-ZIP **11311 A POPLIN AVE
 ENGLEWOOD FL 34224**

TITLE ☐ ☐ Change ☐ Addition
 NAME **PD**
 STREET ADDRESS **NORMAN, G J**
 CITY-ST-ZIP **11311 A POPLIN AVE
 ENGLEWOOD FL 34224**

TITLE ☒ ☒ Delete
 NAME **D**
 STREET ADDRESS **DIXON, ROBERT**
 CITY-ST-ZIP **1282 AKEN ST
 FT CHARLOTTE FL 33952**

TITLE ☐ ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **BOB HUELSEBUSCH**
 CITY-ST-ZIP **13011 LAKE PINES CT.
 Ft. MYERS, FL. 33913**

TITLE ☐ ☐ Delete
 NAME **TD**
 STREET ADDRESS **HENRICHON, BEVERLY**
 CITY-ST-ZIP **11311 A POPLIN AVE
 ENGLEWOOD FL 34224**

TITLE ☐ ☐ Change ☐ Addition
 NAME **TD**
 STREET ADDRESS **HENRICHON, BEVERLY**
 CITY-ST-ZIP **11311 A POPLIN AVE
 ENGLEWOOD FL 34224**

TITLE ☐ ☐ Delete
 NAME **SD**
 STREET ADDRESS **BURNS, BERT**
 CITY-ST-ZIP **10 CADDY RD.
 ROTONDA WEST FL 33947**

TITLE ☐ ☐ Change ☐ Addition
 NAME **SD**
 STREET ADDRESS **BURNS, BERT**
 CITY-ST-ZIP **10 CADDY RD.
 ROTONDA WEST FL 33947**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] 941-475-3812
 3/8/01 Date Daytime Phone #

CR2E037 (10/00)