

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90002 016 \*\*\*\*61.25

**DOCUMENT # N28990**

1. Entity Name

**SOUTHWEST FLORIDA WOODCARVERS EXHIBITION, INC.**

Principal Place of Business

Mailing Address

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

**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



DO NOT WRITE IN THIS SPACE

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          | <b>V-</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>OTTUM, TOM</b>            |                                 |
| STREET ADDRESS | <b>22107 27TH AVE E</b>      |                                 |
| CITY-ST-ZIP    | <b>BRADENTON FL 34202</b>    |                                 |
| TITLE          | <b>D</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>CHARLES PETERS</b>        |                                 |
| STREET ADDRESS | <b>620 SIMMONS AVE.</b>      |                                 |
| CITY-ST-ZIP    | <b>SARASOTA FL</b>           |                                 |
| TITLE          | <b>PD</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>NORMAN, G J</b>           |                                 |
| STREET ADDRESS | <b>11311 A POPLIN AVE</b>    |                                 |
| CITY-ST-ZIP    | <b>ENGLEWOOD FL 34224</b>    |                                 |
| TITLE          | <b>D</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>HUELSEBUSCH, BOB</b>      |                                 |
| STREET ADDRESS | <b>13011 LAKE PINS COURT</b> |                                 |
| CITY-ST-ZIP    | <b>FORT MYERS FL 33913</b>   |                                 |
| TITLE          | <b>TD</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>HENRICHON, BEVERLY</b>    |                                 |
| STREET ADDRESS | <b>11311 A POPLIN AVE</b>    |                                 |
| CITY-ST-ZIP    | <b>ENGLEWOOD FL 34224</b>    |                                 |
| TITLE          | <b>SD</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>BURNS, BERT</b>           |                                 |
| STREET ADDRESS | <b>10 CADDY RD.</b>          |                                 |
| CITY-ST-ZIP    | <b>ROTONDA WEST FL 33947</b> |                                 |

|                |                              |  |
|----------------|------------------------------|--|
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          | <b>P.D</b>                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>NORMAN, G. J.</b>         |  |
| STREET ADDRESS | <b>435 16TH AVE SE. #573</b> |  |
| CITY-ST-ZIP    | <b>MARGO FL. 38771</b>       |  |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                              |  |
| STREET ADDRESS |                              |  |
| CITY-ST-ZIP    |                              |  |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Mar 13-02*

*727 581 3577*

Date

Daytime Phone #

CR2E037 (9/01)