

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

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90078 015 ****61.25

DOCUMENT # N39726

1. Entity Name

CORPORATE FIDUCIARIES ASSOCIATION OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

**C/O HAYWOOD C. SELLERS
3129 ANDORRA COURT
NAPLES FL 34109
US**

Mailing Address

**C/O HAYWOOD C. SELLERS
3129 ANDORRA COURT
NAPLES FL 34109
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0222033**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SELLERS, HAYWOOD C
3129 ANDORRA COURT
NAPLES FL 34109**

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

JAN 07, 03

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 **P** ☐ Delete
NAME **CARDINAL, JOSEPH J**
STREET ADDRESS **4501 TAMiami TRAIL N SUITE 102**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **T** ☐ Delete
NAME **SELLERS, HAYWOOD**
STREET ADDRESS **3129 ANDORRA COURT**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE **V** ☐ Delete
NAME **MASTERSON, DAVID**
STREET ADDRESS **3777 TAMiami TR SUITE 100**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **S** ☐ Delete
NAME **MEYER, CAROLYN**
STREET ADDRESS **4085 TAMiami TR N SUITE B-103**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **D** ☐ Delete
NAME **CHASE, DARLEEN E**
STREET ADDRESS **BANK ONE 8870 TAMiami TR N**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE **D** ☐ Delete
NAME **RUCKER, ROBIN**
STREET ADDRESS **4001 TAMiami TR N**
CITY-ST-ZIP **NAPLES FL 34103**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **SIGNATURE REQUIRED**

JAN 7 03 239-659-2174

CR2E037 (10/02)