

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39851

1. Entity Name

SOUTHWEST FLORIDA GOLF CHARITIES, INC.

FILED

May 02, 2000 8:00 am
Secretary of State

05-02-2000 90073 023 ****61.25

Principal Place of Business

Mailing Address

1207 SUNBIRD AVE
MARCO ISLAND FL 33937

1207 SUNBIRD AVE
MARCO ISLAND FL 34145-3941

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0208005

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CARDILLO, JOHN P.
3550 EAST TAMiami TRAIL
NAPLES FL 33962

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
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
KUMAS, JOSEPH M.
1207 SUNBIRD AVE.
MARCO ISLAND FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WARD, MICHAEL
1850 ISLE OF CAPRI RD.
NAPLES FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SHERWOOD, IRY
44 CYPRESS VIEW
NAPLES FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SHANAHAN, RICHARD
427 BARCELONA CT
MARCO ISLAND FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
PAT FORTUS
144 CYPRESS VIEW DR.
NAPLES, FL 34113

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KNIFFIN, BOB
351 COTTAGE CT.
MARCO ISLAND FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MAXINE GODDALL
152 CABLE CREEK DR. #103
NAPLES, FL 34113

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DODNER, BILL
134 ROOVERY RD
NAPLES FL 34114

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JAY SIEMERS
760 WATERFORD DR. #104
NAPLES, FL 34113

☐ Change ☒ Addition

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

Date

Daytime Phone #

4/23/00 (941) 794-7148

CR2E037 (9/99)