

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39851

1. Entity Name

SOUTHWEST FLORIDA GOLF CHARITIES, INC.

Principal Place of Business

1207 SUNBIRD AVE  
MARCO ISLAND FL 34146

Mailing Address

12700 TAMiami TRAIL EAST  
UNIT NO. 11 PMB 154  
NAPLES FL 34113

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

65-0208005

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

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 TD  
KIMAS, JOSEPH M. ☐ Delete  
STREET ADDRESS 1207 SUNBIRD AVE.  
CITY-ST-ZIP MARCO ISLAND FL

TITLE  
NAME D ☐ Change ☒ Addition  
STREET ADDRESS 157 CYPRESS DR.  
CITY-ST-ZIP NAPLES, FL 34113

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

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

TITLE  
NAME PD  
SHERWOOD, IRV ☐ Delete  
STREET ADDRESS 44 CYPRESS VIEW  
CITY-ST-ZIP NAPLES FL

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

TITLE  
NAME SD  
MACKEL FRESH, TOM ☐ Delete  
STREET ADDRESS 361 ROCKHILL COURT  
CITY-ST-ZIP MARCO ISLAND FL 34145

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

TITLE  
NAME D  
GOODALL, MAXINE ☐ Delete  
STREET ADDRESS 752 EAGLE CREEK DRIVE #103  
CITY-ST-ZIP NAPLES FL 34113

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

TITLE  
NAME D  
SIEMERS, JAY ☐ Delete  
STREET ADDRESS 780 WATERFORD DRIVE #104  
CITY-ST-ZIP NAPLES FL 34113

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 01, 2002 8:00 am  
Secretary of State

04-01-2002 90639 013 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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