

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43745

1. Entity Name

SOUTHWEST FLORIDA BUSINESS GUILD, INC.

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90255 025 \*\*\*\*61.25

Principal Place of Business

677 N WASHINGTON BLVD  
SARASOTA FL 34236  
US

Mailing Address

P O BOX 49802  
SARASOTA FL 34230-802  
US

2. Principal Place of Business

6108 26th ST W  
STE 4

3. Mailing Address

Suite, Apt. #, etc.

City & State

BRADENTON FL

City & State

Zip

Country

US

Country

4. FEI Number

65-0306940

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HORSTMAN, PETER  
4051 PALAU DR  
SARASOTA FL 34241

7. Name and Address of New Registered Agent

Name

JAMES R. GODDARD, CPA

Street Address (P.O. Box Number is Not Acceptable)

6108 26th Street W #4  
BRADENTON, FL 34207

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

*James R. Goddard*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-11-01

**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

TITLE PD  
NAME MOORE, TURNER ☐ Delete  
STREET ADDRESS 240 S PINEAPPLE 5TH FLOOR  
CITY-ST-ZIP SARASOTA FL 34236

TITLE TD  
NAME GODDARD, JAMES ☐ Delete  
STREET ADDRESS 3945 GLEN AOKS MANOR  
CITY-ST-ZIP SARASOTA FL 34232

TITLE SD  
NAME COTTERMAN, JOHN ☐ Delete  
STREET ADDRESS 7282 55TH AVE E  
CITY-ST-ZIP BRADENTON FL 34203

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*James R. Goddard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-01

CR2E037 (10/00)