

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000872

1. Entity Name

SOUTHWEST FLORIDA SUZUKI ASSOCIATION, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90205 012 ****61.25

Principal Place of Business

Mailing Address

8179 WILSHIRE LAKES BLVD.
 NAPLES FL 34109
 US

8179 WILSHIRE LAKES BLVD.
 NAPLES FL 34109-0781
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0397857

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

CHOSY, LISA
 1075 ROYAL PALM DR
 NAPLES FL 33940

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 ☐ Delete
 NAME D
 STREET ADDRESS KALAMERIS, PAULA
 CITY-ST-ZIP 23 WINEWOOD CT
 FT MYERS FL 33919

TITLE ☐ Change ☒ Addition
 NAME Director
 STREET ADDRESS Wendy Reyes
 CITY-ST-ZIP PO BOX 1976
 Naples, FL 34106

TITLE ☐ Delete
 NAME D
 STREET ADDRESS RICH, LORI
 CITY-ST-ZIP 2215 ROYAL LANE
 NAPLES FL 34112

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

TITLE ☐ Delete
 NAME PD
 STREET ADDRESS MARCOTTE, KAREN
 CITY-ST-ZIP 8179 WILSHIRE LAKES BLVD
 NAPLES FL 34109

TITLE ☐ Change ☒ Addition
 NAME Treasurer
 STREET ADDRESS Judy M. Levy
 CITY-ST-ZIP 6000 Copper Leaf Lane
 Naples FL 34116

TITLE ☒ Delete
 NAME D
 STREET ADDRESS MCLEAN, JANYCE
 CITY-ST-ZIP 1253 12TH AVE N
 NAPLES FL 34102

TITLE ☐ Change ☐ Addition
 NAME Secretary
 STREET ADDRESS Kristy Knudson-Strong
 CITY-ST-ZIP 1937 Timberline Drive
 Naples, FL 34109

TITLE ☒ Delete
 NAME D
 STREET ADDRESS VEITS, CAROLYN
 CITY-ST-ZIP 1360 NOTTINGHAM DR.
 NAPLES FL 34108

TITLE ☐ Change ☒ Addition
 NAME Director
 STREET ADDRESS Pamela Green-Jahl
 CITY-ST-ZIP 381 31st Street SW
 Naples, FL 34117

TITLE ☐ Delete
 NAME D
 STREET ADDRESS MILLER, CORNELL M
 CITY-ST-ZIP 556 109TH AVE. N.
 NAPLES FL 34108

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/00 941-262-4513

CR2E037 (9/99)