

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

**FILED**  
**Feb 18, 2003 8:00 am**  
**Secretary of State**

02-18-2003 90097 032 \*\*\*\*61.25

**DOCUMENT # N93000000872**

1. Entity Name

**SOUTHWEST FLORIDA SUZUKI ASSOCIATION, INC.**



Principal Place of Business

**1075 ROYAL PALM DR  
NAPLES FL 34103  
US**

Mailing Address

**8179 WILSHIRE LAKES BLVD.  
NAPLES FL 34109  
US**

2. Principal Place of Business

3. Mailing Address

**1075 Royal Palm Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Naples, FL**

Zip

Country

Zip

Country

**34103**

**US**

4. FEI Number **65-0397857**

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

**ZELLER, LISA C**

**1075 ROYAL PALM DR**

**NAPLES FL ~~33940~~ 34103**

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD LEVY, JUDY M 6020 COPPER LEAF LANE NAPLES FL 34116</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIP Zeller, Lisa 1075 Royal Palm Dr Naples FL 34103</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MARCOTTE, KAREN 8179 WILSHIRE LAKES BLVD NAPLES FL 34109</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Radford, Katie 2301 Harbour Walk Circle Naples, FL 34109</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CORNELL, MARTHA M 556 109TH AVENUE NORTH NAPLES FL 34108</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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** **Judy M. Levy** **2-14-03 239.262-0170**

CR2E037 (10/02)