

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004839

1. Entity Name

UNIVERSITY OF ILLINOIS ALUMNI CLUB OF SOUTHWEST

Principal Place of Business

Mailing Address

G/O GEORGE KREJCI *Barbara Purcell* G/O GEORGE KREJCI  
4423 SE 20TH PLACE *1515 Forest Nelson* 4423 SE 20TH PLACE  
CAPE CORAL FL 33904 *Beach Elm* CAPE CORAL FL 33904-8710  
US *Port Charlotte, FL* US *33952*

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

65-0448471

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

SPEAR, JOHN D  
9200 BONITA BEACH RD.  
SUITE 204  
BONITA SPRINGS FL  
*TABLER, KEN*  
*1211 Broadwater Dr.*  
*Ft. Myers, FL 33919*

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

*Kenneth A. Tabler* KENNETH A. TABLER

4-17-2000

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          | P                            | <input type="checkbox"/> Delete |
| NAME           | FAIRBAIRD, JAMES             | <i>TABLER, KEN</i>              |
| STREET ADDRESS | 1564 COVINGTON CIR E         | <i>1211 Broadwater Dr.</i>      |
| CITY-ST-ZIP    | FORT MYERS FL 33919          | <i>Ft. Myers, FL 33919</i>      |
| TITLE          | VP                           | <input type="checkbox"/> Delete |
| NAME           | CRAWFORD, GEORGE             | <i>John Reher</i>               |
| STREET ADDRESS | 13317 TALL GRASS CT. SE      | <i>11975 King James Ct.</i>     |
| CITY-ST-ZIP    | FT MYERS FL                  | <i>Cape Coral</i>               |
| TITLE          | S                            | <input type="checkbox"/> Delete |
| NAME           | BEARDEN, LAMOYNE             |                                 |
| STREET ADDRESS | 1010 SW 16TH TERRACE         |                                 |
| CITY-ST-ZIP    | CAPE CORAL FL                |                                 |
| TITLE          | D                            | <input type="checkbox"/> Delete |
| NAME           | SMITH, BETTY                 | <i>Lu Turk</i>                  |
| STREET ADDRESS | 8413 CREEKVIEW LN            | <i>5876 Kay Pine Way</i>        |
| CITY-ST-ZIP    | ENGLEWOOD FL 34224           | <i>Ft. Myers, FL 33919</i>      |
| TITLE          | D                            | <input type="checkbox"/> Delete |
| NAME           | TABAKA, JAMES                | <i>Norma Kohlman</i>            |
| STREET ADDRESS | 10707 EVERGLADES-KITE CIRCLE | <i>813 Miramar Ct</i>           |
| CITY-ST-ZIP    | ESTERO FL                    | <i>Cape Coral, FL 33904</i>     |
| TITLE          | D                            | <input type="checkbox"/> Delete |
| NAME           | WARD, MARTHA J               | <i>Bill Wilner</i>              |
| STREET ADDRESS | 114 SW 20TH ST               | <i>3010 SE 16th Place</i>       |
| CITY-ST-ZIP    | CAPE CORAL FL                | <i>Cape Coral, FL 33904</i>     |

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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:

*Kenneth A. Tabler* KENNETH A. TABLER

4/17/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037 (9/99)