

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

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90170 008 \*\*\*\*61.25

**DOCUMENT # N93000004839**

1. Entity Name

**UNIVERSITY OF ILLINOIS ALUMNI CLUB OF SOUTHWEST  
FLORIDA, INC.**



Principal Place of Business

**MARTHA J WARD  
114 SW 58TH STREET  
CAPE CORAL FL 33914  
US**

Mailing Address

**MARTHA J WARD  
114 SW 58TH STREET  
CAPE CORAL FL 33914  
US**

2. Principal Place of Business

**114 S.W. 58th Street**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Cape Coral, FL 33914**

City & State

City & State

**33914**

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

**TABLER, KEN  
1211 BROADWATER DRIVE  
FORT MYERS FL 33919**

7. Name and Address of New Registered Agent

Name

**JOHN Reher**

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

**11975 King James Court**

**Cape Coral, FL.**

**33991**

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 **Martha J. Ward, Treas.**

*Martha J. Ward*

**1-18-2003**

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

TITLE **P** ☐ Delete  
NAME **TABLER, KENNETH A**  
STREET ADDRESS **1211 BROADWATER DRIVE**  
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **VP** ☐ Delete  
NAME **REHER, JOHN F.**  
STREET ADDRESS **11975 KING JAMES COURT**  
CITY-ST-ZIP **CAPE CORAL FL 33991**

TITLE **S** ☐ Delete  
NAME **BEARDEN, LAMOYNE**  
STREET ADDRESS **1010 SW 16TH TERRACE**  
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **D** ☐ Delete  
NAME **TURK, LUCIAN L**  
STREET ADDRESS **10100 CYPRESS COVE DR #242**  
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE **D** ☐ Delete  
NAME **WILNER, WILLIAM D**  
STREET ADDRESS **3010 SE 16TH PLACE**  
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **D** ☐ Delete  
NAME **KREJCI, GEORGE M**  
STREET ADDRESS **4423 SE 20TH PLACE**  
CITY-ST-ZIP **CAPE CORAL FL 33904**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☐ Addition  
NAME **John Reher**  
STREET ADDRESS **11975 King James Ct.**  
CITY-ST-ZIP **Cape Coral, FL. 33991**

TITLE **VP** ☐ Change ☐ Addition  
NAME **Norma Kohlmann**  
STREET ADDRESS **813 Miramar Ct.**  
CITY-ST-ZIP **Cape Coral, FL. 33904**

TITLE **S** ☐ Change ☐ Addition  
NAME **Kenneth A. Tabler**  
STREET ADDRESS **1211 Broadwater Dr.**  
CITY-ST-ZIP **Ft. Myers, FL. 33919**

TITLE **D** ☐ Change ☐ Addition  
NAME **Wayne Lemburg**  
STREET ADDRESS **2000-11A Marianne Key Rd.**  
CITY-ST-ZIP **Punta Gorda, FL. 33955**

TITLE **D** ☐ Change ☐ Addition  
NAME **Lucien Turk**  
STREET ADDRESS **10100 Cypress Cove Dr. #242**  
CITY-ST-ZIP **Ft. Myers, FL. 33908**

TITLE **D** ☐ Change ☐ Addition  
NAME **Barbara Rehr**  
STREET ADDRESS **11975 King James Ct.**  
CITY-ST-ZIP **Cape Coral, FL. 33991**

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: **Martha J. Ward, TREASURER**

**1-18-03**

**239-549-7516**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)