

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90295 020 \*\*\*\*61.25

0066089

**DOCUMENT # N94000000466**

1. Entity Name

**SOUTHWEST FLORIDA UTILITY CONTRACTORS ASSOCIATIO**

Principal Place of Business

Mailing Address

P.O. BOX 50010  
 FORT MYERS FL 33994  
 US

P.O. BOX 50010  
 FORT MYERS FL 33994  
 US

00010001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0515643**

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

**WENDORF, BRUCE**  
**6475 GOLF COURSE BLVD.**  
**PUNTA GORDA FL 33982**

Name

**Kirk Richmond**

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

**2655 Rockfill Road**

City

**Fort Myers**

FL

Zip Code

**33916**

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

*Kirk Richmond*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-18-01**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME **P**  Delete  
**WENDORF, BRUCE**  
 STREET ADDRESS **6475 GOLF COURSE BLVD.**  
 CITY-ST-ZIP **PUNTA GORDA FL 33982**

TITLE NAME **Resident**  Change  Addition  
**Kirk Richmond**  
 STREET ADDRESS **2655 Rockfill Road**  
 CITY-ST-ZIP **Fort Myers, FL 33916**

TITLE NAME **D**  Delete  
**DEAN, KEITH**  
 STREET ADDRESS **11260 PALM BEACH BLVD**  
 CITY-ST-ZIP **FT MYERS FL 33905**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME **T**  Delete  
**COOK, JIM**  
 STREET ADDRESS **4720 LAREDO AVENUE**  
 CITY-ST-ZIP **FT MYERS FL 33905**

TITLE NAME  Change  Addition  
**4750 Laredo Avenue**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME **D**  Delete  
**PENNER, BRIAN**  
 STREET ADDRESS **6001 SHIRLEY ST**  
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME **D**  Delete  
**STEWART, CHRISTOPHER**  
 STREET ADDRESS **5661 DIVISION DR**  
 CITY-ST-ZIP **FORT MYERS FL**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 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 *Jim Cook*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-18-2001**

Date

**941-334-1997**

Daytime Phone #

CR2E037 (10/00)