

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90268 032 \*\*\*\*61.25

**DOCUMENT # N94000002381**

1. Entity Name

**SOUTHWEST FLORIDA CHAPTER OF AMERICAN SOCIETY OF**

Principal Place of Business

4719 COMPASS DR  
 BRADENTON FL 34208  
 US

Mailing Address

4719 COMPASS DR  
 BRADENTON FL 34208  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0492486**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**NORMAN, RALPH G**  
**4719 COMPASS DR**  
**BRADENTON FL 34208**

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete  
 NAME **D WALSH, ROBERT**  
 STREET ADDRESS **5368 FOX RUN RD**  
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☐ Delete  
 NAME **PD CONLEY, MICHAEL D**  
 STREET ADDRESS **P.O BOX 1449 N/A**  
 CITY-ST-ZIP **ANNA MARIA FL 34216**

TITLE ☐ Delete  
 NAME **D LABARRE, MICHAEL A**  
 STREET ADDRESS **2307 SANDRALA ST**  
 CITY-ST-ZIP **SARASOTA FL 34276**

TITLE ☐ Delete  
 NAME **D MASON, BILL**  
 STREET ADDRESS **PO BOX 342**  
 CITY-ST-ZIP **VENICE FL 34284**

TITLE ☐ Delete  
 NAME **STD NORMAN, RALPH G**  
 STREET ADDRESS **4719 COMPASS DR**  
 CITY-ST-ZIP **BRADENTON FL 34208**

TITLE ☐ Delete  
 NAME **D MIKAELIAN, HENRY**  
 STREET ADDRESS **1186 BIRD WAY**  
 CITY-ST-ZIP **VENICE FL 34292**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
 NAME **T Kirby Rowe**  
 STREET ADDRESS **1322 Fireside Street**  
 CITY-ST-ZIP **Port Charlotte, Florida 33952**

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

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

TITLE ☐ Change ☐ Addition  
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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** *Kirby Rowe*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-17-01 (941) 67-1789**  
 Date Daytime Phone #

CR2E037 (10/00)