

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

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90136 036 ****61.25

DOCUMENT # N94000002381

1. Entity Name

**SOUTHWEST FLORIDA CHAPTER OF AMERICAN SOCIETY OF
HOME INSPECTORS, INC.**



Principal Place of Business

P.O. BOX 1575
VENICE FL 34284
US

Mailing Address

P.O. BOX 1575
VENICE FL 34284
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

34284

Sarasota

34284

Sarasota



☒ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

LABOLT, PAUL
231 NOKOMIS AVENUE SOUTH
SUITE D
VENICE FL 34285

Name **John D. La Bolt**
Street Address (P.O. Box Number is Not Acceptable)
500 Foxglove Rd.
Venice FL 34293
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
After September 10, 2003, min will be \$236.25

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

TITLE **PD** ☐ Delete
NAME **KRAUS, ROBERT K SR**
STREET ADDRESS **P.O. BOX 174**
CITY-ST-ZIP **ELLENTON FL 34222**

TITLE **SEC** ☒ Change ☐ Addition
NAME **ANDREW KRAUS**
STREET ADDRESS **P.O. BOX 174**
CITY-ST-ZIP **ELLENTON, FL 34222**

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

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

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

TITLE **TRES.** ☐ Change ☐ Addition
NAME **JOHN D. La Bolt**
STREET ADDRESS **500 FOXGLOVE**
CITY-ST-ZIP **VENICE, FL 34293**

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

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

TITLE **SD** ☒ Delete
NAME **FIGE-YUTZY, PAHI**
STREET ADDRESS **P.O. BOX 15105**
CITY-ST-ZIP **SARASOTA FL 34277**

TITLE **PRES.** ☒ Change ☐ Addition
NAME **KIRBY ROWE**
STREET ADDRESS **1300 FIRESIDE ST**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE **TD** ☐ Delete
NAME **LABOLT, PAUL**
STREET ADDRESS **P.O. BOX 1575**
CITY-ST-ZIP **VENICE FL 34284**

TITLE **VP** ☒ Change ☐ Addition
NAME **La Bolt, PAUL**
STREET ADDRESS **P.O. Box 1575**
CITY-ST-ZIP **Venice FL 34284**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)