2000 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

FILED DOCUMENT # **N95000002805** Apr 07, 2000 8:00 am Secretary of State SOUTHWEST FLORIDA CONCIERGE AND GUEST SERVICES A 04-07-2000 90058 049 ****61.25 Principal Place of Business Mailing Address 200 GOODLETTE ROAD SOUTH 200 GOODLETTE ROAD SOUTH SUITE 7 SHITE 7 NAPLES FL 33940 NAPLES FL 34102-6263 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0596974 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) PFUETI, BETSEY 527 WEST VALLEY DRIVE **BONITA SPRINGS FL 34134** Zip Code FL 8. The above named entity submits this statement for the purpose of charging its registered office or registered agent, or both, in the state of Florida. SIGNATURE of registered agent and title if applicable **FILE NOW:** 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Paul Tecroney Addition TITLE TITLE Delete NAME NAME COFFEY, PATTI STREET ADORE STREET ADDRESS 660 8TH STREET NORTH #20 CITY-ST-7IP NAPLES FL 34102 Đ٧ TITLE TITLE ☐ Celete Jeanne Miller TECVONEY, PAUL NAME NAME STREET ADDRESS STREET ADDRESS 286 PORTER STREET CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34113 quetti Bouw Kamp PS Change Addition TITLE DS Delete TITLE DE COSTA, JULIANA NAME NAME County Barn Road STREET ADDRESS STREET ADDRESS 5248 WISTERIA COURT CITY-ST-7IF CITY-ST-ZIP CAPE CORAL FL 33904 Change ☐ Addition DT ☐ Delete PFEUTI, BETSEY NAME Spelling STREET ADDRESS STREET ADDRESS **527 WEST VALLEY DRIVE** CITY-ST-ZIP CITY-ST-7IP BONITA SPRINGS FL 34134 TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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