

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002805

1. Entity Name

Southwest Florida Concierge And Guest Services Ass.

Principal Place of Business

Mailing Address

200 Goodlette Road South  
Suite 7  
Naples FL 33940

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

650596974

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

A0070564

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Anita Myers  
666 Pompano Dr  
Naples FL 34110

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

Anita L Myers

4-3-2001

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

(NOTE: Registered agent signature required when changing agent)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	Paul Teevney	
STREET ADDRESS	286 Porter Street	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	DP	<input type="checkbox"/> Delete
NAME	Jeanne Miller	
STREET ADDRESS	4092 Belair Lane # 3	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	Regrett: Bouwkamp	
STREET ADDRESS	3451 County Road 1626	
CITY-ST-ZIP	Naples FL 34112	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	Betsy Pfeuti	
STREET ADDRESS	527 West Valley Drive	
CITY-ST-ZIP	Bonita Spring FL 34134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Juliana Da Costa	
STREET ADDRESS	5248 WISTERIA COURT	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	H. H. H. H. H.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anita Myers	
STREET ADDRESS	666 Pompano Dr	
CITY-ST-ZIP	Naples FL 34110	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Anita L Myers

4-3-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (1/1/00)