

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90102 019 ****61.25

DOCUMENT # N95000002961

1. Entity Name

**SOUTHWEST FLORIDA REGIONAL DEVELOPMENT CORPORATI
ON**

Principal Place of Business

Mailing Address

**4980 BAYLINE DRIVE
FOURTH FLOOR
NORTH FT MYERS FL 33917**

**P.O. BOX 3455
N FT MYERS FL 33917**

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

65-0592148

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

**DALTRY, WAYNE E
4980 BAYLINE DRIVE
FOURTH FLOOR
N FT MYERS FL 33917**

Name

Thomas Wallace

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

4980 Bayline Drive, 4th Floor

City

North Ft. Myers

FL

Zip Code

33917

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

**After September 13, 2002,
min. will be \$236.25.**

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 **D** ☐ Delete
NAME **BLEVINS, WILLIAM**
STREET ADDRESS **5801 PELICAN BAY BLVD**
CITY-ST-ZIP **NAPLES FL 34108**

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

TITLE **VD** ☒ Delete
NAME **BRIGHAM, WILLIAM**
STREET ADDRESS **649 FIFTH AVENUE SOUTH**
CITY-ST-ZIP **NAPLES FL 34102**

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

TITLE **PD** ☒ Delete
NAME **REEVES, CHARLES**
STREET ADDRESS **4099 TAMIAMI TRAIL N.**
CITY-ST-ZIP **NAPLES FL 34101-302**

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

TITLE **STD** ☐ Delete
NAME **KREMSKI, JOHN**
STREET ADDRESS **2200 SECOND ST.**
CITY-ST-ZIP **FT. MYERS FL 33901**

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

TITLE **D** ☐ Delete
NAME **Jeff Freeman**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Jeffrey Freeman**
STREET ADDRESS **1800 Second Street**
CITY-ST-ZIP **Sarasota, FL 34236**

TITLE **D** ☐ Delete
NAME **P. Michael Villalobos**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **P. Michael Villalobos**
STREET ADDRESS **1625 Hardy Street, Ste 202**
CITY-ST-ZIP **Ft. Myers, FL 33901**

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

9 July 02 239-656-7720

CR2E037 (4/02)