

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004113

1. Entity Name

SOUTHWEST FLORIDA ATTRACTIONS ASSOCIATION, INC.

Principal Place of Business

PO BOX 60702
FT MYERS FL 33906
US

Mailing Address

PO BOX 60702
FT MYERS FL 33906
US

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

65-0618123

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

SNELL, MARY VLASAK
1833 HENDRY ST.
FT. MYERS FL 33901

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME COURTNEY, JANET
STREET ADDRESS 13507 SIESTA PINES CT 104
CITY-ST-ZIP FORT MYERS FL 33908

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME AMOLS, GIGI
STREET ADDRESS 1716 KINGSLAKE BLVD 203
CITY-ST-ZIP NAPLES FL 34112

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME SIMON, TERRY
STREET ADDRESS 4629 SE 5TH PL #8
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME SKIPPER, RHONDA
STREET ADDRESS 1913 NE 1ST PL
CITY-ST-ZIP CAPE CORAL FL 33909

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME ROWLAND, ULRICE F
STREET ADDRESS 1512 SCHOLAR CT
CITY-ST-ZIP LEHIGH ACRES FL 33971

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME BAGGOT, DAN
STREET ADDRESS 1134 LENNOX CT.
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE
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:

JANET COURTNEY PRES. 1-9-02

Date

Daytime Phone #

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90137 004 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)