

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004512

1. Entity Name

THE SOUTHWEST FLORIDA BIRD CLUB, INC.

Principal Place of Business

Mailing Address

1450 MERRIMUE DR  
NAPLES FL 34102  
US

P.O. BOX 8305  
NAPLES FL 34101-8305  
US

2. Principal Place of Business

Coastland Mall

3. Mailing Address

same

Suite, Apt. #, etc.

1900 Tamiami Tr. No.

Suite, Apt. #, etc.

Community Room

City & State

Naples, FL

City & State

Zip

Country

Zip

Country

34102

USA

4. FEI Number

59-3400302

Applied For

Not Applied

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

Name

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

City

FL

Zip Code

BANAS, NORMA  
9824 IMMOKALEE ROAD  
NAPLES FL 34120

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

*Norma Banas*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/10/00

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

TITLE ☐ Delete

NAME PD  
STREET ADDRESS BANAS, NORMA  
CITY-ST-ZIP 9824 IMMOKALEE ROAD  
NAPLES FL 34120

TITLE ☐ Delete

NAME VD  
STREET ADDRESS HESSER, PAT  
CITY-ST-ZIP 550 27 STREET NW  
NAPLES FL 34120

TITLE ☒ Delete

NAME SD  
STREET ADDRESS ADAMS, LEANNE  
CITY-ST-ZIP 829 SANDGARY RD  
NAPLES FL 34120

TITLE ☐ Delete

NAME TD  
STREET ADDRESS HUNT, JAY  
CITY-ST-ZIP 400 COCOHATCHEE DR  
NAPLES FL 34110

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☒ Add

NAME Bonnie Kowalczyk  
STREET ADDRESS 7359 MILL POND CIRCLE  
CITY-ST-ZIP NAPLES, FL 34109

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Norma Banas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/10/00 94-353-22

FILED  
Feb 08, 2000 8:00 am  
Secretary of State  
02-08-2000 90156 030 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE