

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

0073069

DOCUMENT # N96000004512

1. Entity Name

THE SOUTHWEST FLORIDA BIRD CLUB, INC.

03-08-2001 90025 020 ****61.25

Principal Place of Business

9824 IMMOKALEE RD
 NAPLES FL 34120
 US

Mailing Address

9824 IMMOKALEE RD
 NAPLES FL 34120
 US

2. Principal Place of Business

550 27TH STREET NW

3. Mailing Address

550 27TH STREET NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

59-3400302

Applied For

Not Applicable

Zip

34120

Country

US

Zip

34120

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BANAS, NORMA
 9824 IMMOKALEE ROAD
 NAPLES FL 34120

7. Name and Address of New Registered Agent

Name

HESSER, CHARLES

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

550 27TH AVENUE NW

City

NAPLES

FL

Zip Code

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

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

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

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

TITLE SD
 NAME KOWALCZYK, BONNIE
 STREET ADDRESS 7359 MILL POND CIRCLE
 CITY-ST-ZIP NAPLES FL 34109 ☒ Delete

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

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 PD
 NAME HESSER, CHARLES
 STREET ADDRESS 550 27TH STREET NW
 CITY-ST-ZIP NAPLES, FL 34120 ☐ Change ☒ Addition

TITLE VDMCCUE, JUDITH
 NAME
 STREET ADDRESS 631 5TH ST SW
 CITY-ST-ZIP NAPLES FL 34117 ☐ Change ☒ Addition

TITLE SDLOTT, SHARON
 NAME
 STREET ADDRESS 837 COCONUT CRW.
 CITY-ST-ZIP NAPLES FL 34104 ☐ Change ☒ Addition

TITLE THARRIS, EDWARD
 NAME
 STREET ADDRESS 380 18TH AVE NW
 CITY-ST-ZIP NAPLES, FL 34120 ☐ Change ☒ Addition

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

TITLE ☐ Change ☐ Addition
 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: **EDWARD MORRIS**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01 (941) 353 2317
 Date Daytime Phone #

CR2E037 (10/00)