

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004512

1. Entity Name

THE SOUTHWEST FLORIDA BIRD CLUB, INC.

FILED

Feb 13, 2002 8:00 am  
Secretary of State

02-13-2002 90178 036 \*\*\*\*70.00

Principal Place of Business

550 27TH STREET NW  
NAPLES FL 34120  
US

Mailing Address

550 27TH STREET NW  
NAPLES FL 34120  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 990195

Suite, Apt. #, etc.

City & State

Naples Florida

Zip

34116

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3400302

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

HESSER, CHARLES  
550 27TH STREET NW  
NAPLES FL 34120

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	PD	<input type="checkbox"/> Delete
NAME	HESSER, CHARLES	
STREET ADDRESS	550 27TH STREET NW	
CITY-ST-ZIP	NAPLES FL 34120	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MCCUE, JUDITH	
STREET ADDRESS	631 5TH ST SW	
CITY-ST-ZIP	NAPLES FL 34117	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LOTT, SHARON	
STREET ADDRESS	837 COCONUT CR. W	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, EDWARD	
STREET ADDRESS	380 18TH AVE NW	
CITY-ST-ZIP	NAPLES FL 34120	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEPER, SCARLETT	
STREET ADDRESS	2581 - 2ND ST NE	
CITY-ST-ZIP	NAPLES, FL 34120	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEZGUS, KATHY	
STREET ADDRESS	3255 - 13TH AVE S.W.	
CITY-ST-ZIP	NAPLES, FL 34117	
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		

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: *Kathleen Leeper* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/26/02

Date

941-597-2555

Daytime Phone #

CR2E037 (9/01)