

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005346

1. Entity Name

SOUTHWEST FLORIDA MARINE TRADE FOUNDATION, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90310 007 ****61.25

Principal Place of Business

Mailing Address

1505 S.E. 40TH STREET
SUITE B
CAPE CORAL FL 33904

P.O. BOX 458
CAPE CORAL FL 33910-0301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MEYER, BARBARA
5301 MAJESTIC CT
CAPE CORAL FL 33904

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 ☐ Delete
NAME COOLEY, ROBERT
STREET ADDRESS 2810 SE 20TH AVE
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE P ☒ Change ☐ Addition
NAME PAT RILEY
STREET ADDRESS 2100 W. First Street
CITY-ST-ZIP FT. Myers, FL 33901

TITLE V ☐ Delete
NAME PARISEAU, JESSE
STREET ADDRESS 1048 B PINE RIDGE RD
CITY-ST-ZIP NAPLES FL 33940

TITLE VP ☒ Change ☐ Addition
NAME Lou Ingle
STREET ADDRESS 1423 SE 10th Street
CITY-ST-ZIP Cape Coral, FL 33990

TITLE ST ☐ Delete
NAME MEYER, BARBARA
STREET ADDRESS 5301 MAJESTIC CT
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ST ☒ Change ☐ Addition
NAME VIVIAN MILLER
STREET ADDRESS 1506 SE 46th Street
CITY-ST-ZIP Cape Coral, FL 33904

TITLE D ☐ Delete
NAME GIBBS, GIL
STREET ADDRESS 928 NE 24TH LANE #4
CITY-ST-ZIP CAPE CORAL FL 33909

TITLE D ☒ Change ☐ Addition
NAME DAVE Simms
STREET ADDRESS 15065 McGregor Blvd, Ste 104
CITY-ST-ZIP FT. Myers, FL 33908

TITLE D ☐ Delete
NAME RILEY, PAT
STREET ADDRESS % 2052 VIRGINIA AVE
CITY-ST-ZIP FT MYERS FL 33914

TITLE D ☒ Change ☐ Addition
NAME BARRY MARSHALL
STREET ADDRESS 14070 McGregor Blvd
CITY-ST-ZIP FT. Myers, FL 33919

TITLE D ☐ Delete
NAME SIBBALD, STEVE
STREET ADDRESS % 2211 N. TAMiami TRAIL
CITY-ST-ZIP N. FT MYERS FL 33903

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:

NOT REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)