

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90706 008 ****61.25

DOCUMENT # N96000005346

1. Entity Name

SOUTHWEST FLORIDA MARINE TRADE FOUNDATION, INC.

Principal Place of Business

1506 S.E. 40TH STREET
 SUITE B
 CAPE CORAL FL 33904

Mailing Address

2254 EDWARDS DRIVE
 FORT MYERS FL 33901

2. Principal Place of Business

2254 EDWARDS DR.

3. Mailing Address

Suite, Apt. #, etc.

City & State

FORT MYERS

City & State

Zip

33901

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MEYER, BARBARA
5301 MAJESTIC CT
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name **KEN STEAD**

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

4311 S. PACIFIC CIRCLE

City

N. FORT MYERS

FL

Zip Code

33903

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]

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

(NOTE: Registered Agent signature required when reinstating)

4/28/02

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 **V** ☐ Delete
 NAME **FRICK, CLINT**
 STREET ADDRESS **1681 ESTERO BLVD, STE 22**
 CITY-ST-ZIP **FORT MYERS BEACH FL 33931**

TITLE **STG** ☐ Delete
 NAME **MILLER, VIVIAN**
 STREET ADDRESS **1506 SE 46TH ST**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **D** ☐ Delete
 NAME **HANSEN, MATT**
 STREET ADDRESS **2500 MAIN STREET**
 CITY-ST-ZIP **FORT MYERS BEACH FL 33931**

TITLE **D** ☐ Delete
 NAME **MARSHALL, BARRY**
 STREET ADDRESS **14070 MCGREGOR BLVD**
 CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **P** ☐ Delete
 NAME **RILEY, PAT**
 STREET ADDRESS **2100 W FIRST ST**
 CITY-ST-ZIP **FORT MYERS FL 33901**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02

Date

941-332-0604

Daytime Phone #

CR2E037 (9/01)