

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003176

1. Entity Name

The Southwest Florida Chapter of the National Stroke Association, Inc.

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90482 047 *****61.25

Principal Place of Business

Mailing Address

765 Sunset Vista Dr.
Fort Myers, FL 33919

765 Sunset Vista Dr.
Fort Myers, FL 33919

ADDRESSES

2. Principal Place of Business

765 Sunset Vista Drive

Suite, Apt. #, etc.

3. Mailing Address

765 Sunset Vista Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fort Myers, FL

City & State

Fort Myers, FL

4. FEI Number

65-0755926

Applied For

Not Applicable

Zip

33919

Country

U.S.

Zip

33919

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Thomas, Lowell F.
765 Sunset Vista Drive
Fort Myers, FL 33919

7. Name and Address of New Registered Agent

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

TITLE DP ☐ Delete
NAME Thomas, Lowell F.
STREET ADDRESS 765 Sunset Vista Drive
CITY-ST-ZIP Fort Myers, FL 33919

TITLE DS ☐ Delete
NAME Thomas, Ruth E.
STREET ADDRESS 765 Sunset Vista Drive
CITY-ST-ZIP Fort Myers, FL 33919

TITLE DV ☐ Delete
NAME Wise, Karen H.
STREET ADDRESS 2776 Cleveland Ave., Rm 7130
CITY-ST-ZIP Fort Myers, FL 33919

TITLE D ☐ Delete
NAME Finch, Stacia M.
STREET ADDRESS 9693 Galley Ct.
CITY-ST-ZIP Fort Myers, FL 33919

TITLE DT ☐ Delete
NAME Henry, Merle F.
STREET ADDRESS 6258 Presidential Ct.
CITY-ST-ZIP Fort Myers, FL 33919

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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:

Lowell F. Thomas, President

4-6-01

941/433-5218

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #