

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90073 023 ****61.25

DOCUMENT # N97000005662

1. Entity Name

THE ASHLAND INC. RETIREES CLUB OF SOUTHWESTERN FLORIDA, INC.

Principal Place of Business

Mailing Address

14299 ALICO RD
FT. MYERS FL 33913

14299 ALICO RD
10230 ALICO ROAD
FT. MYERS FL 33913

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1591682

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

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 ☐ Delete
NAME GARGES, ALAN R
STREET ADDRESS 200 SUN DR.
CITY-ST-ZIP N. FT. MYERS FL 33903-5666

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

TITLE VD ☐ Delete
NAME SAUNDERS, RICHARD L
STREET ADDRESS 5260 S LANDINGS DR #603
CITY-ST-ZIP FT. MYERS FL 33919

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

TITLE VD ☐ Delete
NAME MARRS, SAMUEL R
STREET ADDRESS 9880 TREASURE CAY LANE
CITY-ST-ZIP BONITA SPRINGS FL 34135-6809

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

TITLE VP ☐ Delete
NAME BROWN, BOBBY C
STREET ADDRESS 102 SE 12TH AVE.
CITY-ST-ZIP CAPE CORAL FL 33990-1749

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

TITLE S ☐ Delete
NAME GREEN, CHARLOTTE
STREET ADDRESS 205 PIER A
CITY-ST-ZIP NAPLES FL 33962-8109

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

TITLE TD ☐ Delete
NAME ZANDONA, OLIVER J
STREET ADDRESS 4105 STEAMBOAT BEND E
CITY-ST-ZIP FT. MYERS FL 33919

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: ALAN R. GARGES 1/17/02 941/656-5627

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)