

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90042 047 ****61.25

DOCUMENT # N97000005662

1. Entity Name

**THE ASHLAND INC. RETIREES CLUB OF SOUTHWESTERN F
LORIDA, INC.**



Principal Place of Business

**14299 ALICO RD
FT. MYERS FL 33913**

Mailing Address

**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

☒ CHECK HERE IF MAKING CHANGES

11026854



6. Name and Address of Current Registered Agent

**TANNER, WESLEY U
14299 ALCO RD.
FT. MYERS FL 33913**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **VP** ☐ Change ☒ Addition
NAME **ROBERT LANGDON**
STREET ADDRESS **380 SEAVIEW CT # 412**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE **VP** ☐ Change ☒ Addition
NAME **PATRICIA WALLING**
STREET ADDRESS **1306 SAN MIGUEL LANE**
CITY-ST-ZIP **N. FT. MYERS, FL. 33903**

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **11 GROUPER LANE**
CITY-ST-ZIP **NAPLES, FL 34112**

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 OF REGISTERED AGENT

4/25/03

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656-5627

CR2E037 (10/02)