

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002904

1. Entity Name

SOUTHWEST FLORIDA TAE KWON DO FOUNDATION, INC.

Principal Place of Business

4501 TAMiami TRAIL N. SUITE 300
NAPLES FL 34103

Mailing Address

4501 TAMiami TRAIL N. SUITE 300
NAPLES FL 34103-3023

2. Principal Place of Business

P.O. Box 110355

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 110355

Suite, Apt. #, etc.

City & State

Naples Florida

City & State

Naples Florida

Zip

34108-0106

Country

USA

Zip

34108-0106

Country

USA

4. FEI Number

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

NAPLES-LAWDOCK, INC.

4501 TAMiami TRAIL N, SUITE 300
NAPLES FL 34103

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 D ☐ Delete
NAME WITMAR, SHAWN
STREET ADDRESS 4501 TAMiami TRAIL N, SUITE 300
CITY-ST-ZIP NAPLES FL 34103

TITLE D ☒ Change ☐ Addition
NAME Witmer, Shawn
STREET ADDRESS 692 106 Ave North
CITY-ST-ZIP Naples FL 34108

TITLE D ☒ Delete
NAME LUKACHKO, E
STREET ADDRESS 4501 TAMiami TRAIL N, SUITE 300
CITY-ST-ZIP NAPLES FL 34103

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

TITLE D ☐ Delete
NAME COLUMBUS, K
STREET ADDRESS 4501 TAMiami TRAIL N, SUITE 300
CITY-ST-ZIP NAPLES FL 34103

TITLE D ☒ Change ☐ Addition
NAME Columbus, Karyn
STREET ADDRESS 1815 Princess Ct.
CITY-ST-ZIP Naples FL 34110

TITLE D ☒ Delete
NAME CRANDALL, ANN
STREET ADDRESS 4501 TAMiami TRAIL N, SUITE 300
CITY-ST-ZIP NAPLES FL 34103

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

TITLE D ☐ Delete
NAME COLUMBUS, D
STREET ADDRESS 4501 TAMiami TRAIL N, SUITE 300
CITY-ST-ZIP NAPLES FL 34103

TITLE D ☒ Change ☐ Addition
NAME Columbus, Don
STREET ADDRESS 1815 Princess Ct.
CITY-ST-ZIP Naples FL 34110

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Sjolander, Karen
STREET ADDRESS 614 109th Ave North
CITY-ST-ZIP Naples, FL 34108

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:

Karyn Columbus

SIGNED Karyn Columbus

4-24-00

941-514-1174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)