

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002904

1. Entity Name

SOUTHWEST FLORIDA TAE KWON DO FOUNDATION, INC.



Principal Place of Business

Mailing Address

P O BOX 110355
NAPLES FL 34108

P O BOX 110355
NAPLES FL 34108

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NAPLES-LAWDOCK, INC.
4501 TAMiami TRAIL N, SUITE 300
NAPLES FL 34103

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 D
NAME WITMAR, SHAWN
STREET ADDRESS 692 106TH AVE NORTH
CITY-ST-ZIP NAPLES FL 34108 ☐ Delete

TITLE D
NAME COLUMBUS, K
STREET ADDRESS 1815 PRINCESS CT
CITY-ST-ZIP NAPLES FL 34110 ☐ Delete

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

TITLE D
NAME COLUMBUS, D
STREET ADDRESS 1815 PRINCESS CT
CITY-ST-ZIP NAPLES FL 34110 ☐ Delete

TITLE D
NAME SJOLANDER, KAREN
STREET ADDRESS 614 109TH AVE NORTH
CITY-ST-ZIP NAPLES FL 34108 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 REQUIRED*

FILED
Jun 12, 2001 8:00 am
Secretary of State

05-22-2001 90038 007 ****61.25
06-12-2001 90003 011 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)