

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90031 048 ****61.25

0013266

DOCUMENT # N99000004737

1. Entity Name

S.W. FLORIDA PAGEANTS, INC.



Principal Place of Business

**13533 ADMIRAL COURT
 FT MYERS FL 33912**

Mailing Address

**13533 ADMIRAL COURT
 FT MYERS FL 33912**

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 **65-0936851**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHAFER, GEORGE
 13533 ADMIRAL COURT
 FT MYERS FL 33912**

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
 After September 12, 2001, min. will be \$236.25**

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
 NAME **PD SHAFER, GEORGE** ☐ Delete
 STREET ADDRESS **13533 ADMIRAL COURT**
 CITY-ST-ZIP **FT MYERS FL 33912**

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

TITLE
 NAME **VD KELLOUGH, RENEE** ☒ Delete
 STREET ADDRESS **13533 ADMIRAL COURT**
 CITY-ST-ZIP **FT MYERS FL 33912**

TITLE
 NAME **VD STEPHANE SHAFER** ☒ Change ☐ Addition
 STREET ADDRESS **13533 ADMIRAL CT.**
 CITY-ST-ZIP **FT. MYERS, FL 33912**

TITLE
 NAME **STD MCKEE, JACKIE** ☐ Delete
 STREET ADDRESS **13533 ADMIRAL COURT**
 CITY-ST-ZIP **FT MYERS FL 33912**

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **D DONNA GRIFFITH** ☐ Change ☒ Addition
 STREET ADDRESS **13533 ADMIRAL CT.**
 CITY-ST-ZIP **FT. MYERS, FL 33912**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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:

Geoffrey A. Pegg **GEORGE SHAFER**

8/15/01 (941) 495-8200

CR2E037 (5/01)