

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90236 008 ****61.25

DOCUMENT # N99000004737

1. Entity Name

S.W. FLORIDA PAGEANTS, INC.

Principal Place of Business

Mailing Address

**13533 ADMIRAL COURT
 FT MYERS FL 33912**

**13533 ADMIRAL COURT
 FT MYERS FL 33912**

2. Principal Place of Business

3. Mailing Address

142 FORESTWOOD DR

142 FORESTWOOD DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34110

Country

USA

Zip

34110

Country

USA

4. FEI Number

65-0936851

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

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

Name

SHAFER, GEORGE

Street Address (P.O. Box Number is Not Acceptable)

142 FORESTWOOD DR.

City

NAPLES

FL

Zip Code

34110

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

4.22.02

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

TITLE **PD** ☒ Change ☐ Addition
 NAME **SHAFER, GEORGE**
 STREET ADDRESS **142 FORESTWOOD DR**
 CITY-ST-ZIP **NAPLES, FL 34110**

TITLE **VD** ☐ Delete
 NAME **SHAFER, STEPHANE**
 STREET ADDRESS **13533 ADMIRAL CT**
 CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **VD** ☒ Change ☐ Addition
 NAME **SHAFER, STEPHANE**
 STREET ADDRESS **142 FORESTWOOD DR**
 CITY-ST-ZIP **NAPLES, FL 34110**

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

TITLE **STDQ** ☒ Change ☐ Addition
 NAME **MCKEE, JACKIE**
 STREET ADDRESS **142 FORESTWOOD DR.**
 CITY-ST-ZIP **NAPLES, FL 34110**

TITLE **D** ☐ Delete
 NAME **GRIFFITH, DONNA**
 STREET ADDRESS **13533 ADMIRAL CT.**
 CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **D** ☒ Change ☐ Addition
 NAME **DONNA GRIFFITH**
 STREET ADDRESS **142 FORESTWOOD DR.**
 CITY-ST-ZIP **NAPLES, FL 34110**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.22.02

239-495-8200

CR2E037 (9/01)