# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 12, 2000 8:00 am**
**Secretary of State**
04-12-2000 90001 022 ****61.25

DOCUMENT # N99000005475

1. Entity Name

SOUTHWEST FLORIDA BLUEGRASS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 297 HALLCREST TERRACE<br>PORT CHARLOTTE FL 33954 | POST OFFICE BOX 512729<br>PUNTA GORDA FL 33951-2729 |

DO NOT WRITE IN THIS SPACE

| 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 ☐ 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 |
|---|---|
| WACHS, JEFFREY S ESQ.<br>1177 S.E. 3RD AVENUE<br>FORT LAUDERDALE FL 33316 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WASHBURN, HERBERT<br>297 HALLCREST TERRACE<br>PORT CHARLOTTE FL 33954 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HARTLIEB, BRIAN<br>2147 LAKEVILLE ROAD<br>NORTH FORT MYERS FL 33917 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BENJAMIN, CAROLYN<br>POST OFFICE BOX 371<br>PUNTA GORDA FL 33954 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FOSTER-BELL<br>1315 LUCAYA AVENUE<br>VENICE, FL 34292 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LAMBERT, ED<br>811 LITTLE CREEK DRIVE<br>FORT MYERS FL 33905 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LAMBERT, LOIS<br>811 LITTLE CREEK DRIVE<br>FORT MYERS FL 33905 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SHALLOW, JOE<br>4236 COURTNEY ROAD<br>ST. JAMES CITY FL 33956 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/99)

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:** Bill Foster BILL FOSTER TREASURER 4/6/2000 941-480-9728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #