

2001 UNIFORM BUSINESS REPORT (UBR)

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

0070732

DOCUMENT # N99000005475

1. Entity Name

SOUTHWEST FLORIDA BLUEGRASS ASSOCIATION, INC.

03-21-2001 90051 013 ****61.25

Principal Place of Business

297 HALLCREST TERRACE
 PORT CHARLOTTE FL 33954

Mailing Address

POST OFFICE BOX 512729
 PUNTA GORDA FL 33951

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

7. Name and Address of New Registered Agent

WACHS, JEFFREY S ESQ.
1177 S.E. 3RD AVENUE
FORT LAUDERDALE FL 33316

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 **WASHBURN, HERBERT**
 STREET ADDRESS **297 HALLCREST TERRACE**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33954**

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

TITLE **D** ☒ Delete
 NAME **HARTLIEB, BRIAN**
 STREET ADDRESS **2147 LAKEVILLE ROAD**
 CITY-ST-ZIP **NORTH FORT MYERS FL 33917**

TITLE **D** ☐ Change ☒ Addition
 NAME **NINA GOOCH**
 STREET ADDRESS **453 STIPE STREET**
 CITY-ST-ZIP **N. FORT MYERS, FL 33903**

TITLE **D** ☐ Delete
 NAME **FOSTER, BELL**
 STREET ADDRESS **1315 LUCAYA AVENUE**
 CITY-ST-ZIP **VENICE FL 34292**

TITLE ☐ Change ☒ Addition
 NAME **FOSTER, BILL**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **LAMBERT, ED**
 STREET ADDRESS **811 LITTLE CREEK DRIVE**
 CITY-ST-ZIP **FORT MYERS FL 33905**

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

TITLE **D** ☐ Delete
 NAME **LAMBERT, LOIS**
 STREET ADDRESS **811 LITTLE CREEK DRIVE**
 CITY-ST-ZIP **FORT MYERS FL 33905**

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

TITLE **D** ☐ Delete
 NAME **SHALLOW, JOE**
 STREET ADDRESS **4236 COURTNEY ROAD**
 CITY-ST-ZIP **ST. JAMES CITY FL 33956**

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 of Joe Shallow
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01 (941) 743-8138
 Date Daytime Phone #

CR2E037 (10/00)