

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90249 037 \*\*\*150.00

**DOCUMENT # P02000055734**

1. Entity Name  
**SOUTHWEST FLORIDA REAL ESTATE FUND, INC.**



Principal Place of Business  
**800 LAUREL OAK DRIVE  
SUITE 200  
NAPLES FL 34108**

Mailing Address  
**800 LAUREL OAK DRIVE  
SUITE 200  
NAPLES FL 34108**



2. Principal Place of Business  
**5633 Strand Boulevard**

3. Mailing Address  
**5633 Strand Boulevard**

Suite, Apt. #, etc.  
**Suite 315**

Suite, Apt. #, etc.  
**Suite 315**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Naples, Florida**

City & State  
**Naples, Florida**

4. FFL Number  
**010685295**

Applied For  
☐ Not Applicable

Zip  
**34110**

Country  
**Collier**

Zip  
**34110**

Country  
**Collier**

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

**6. Name and Address of Current Registered Agent**

**SCHROEDER, DENNIS R  
800 LAUREL OAK DRIVE  
SUITE 200  
NAPLES FL 34108**

**7. Name and Address of New Registered Agent**

Name  
**Schroeder, Dennis B.**  
Street Address (P.O. Box Number is Not Acceptable)  
**5633 Strand Boulevard, Suite 315**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

**Dennis B. Schroeder**

**4-08-03**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SCHROEDER, DENNIS B  
800 LAUREL OAK DRIVE #200  
NAPLES FL 34108** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**5633 Strand Boulevard, Suite 315  
Naples, FL 34110** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KRUEGER, WILBUR W  
242 MERMAIDS BIGHT  
NAPLES FL 34131** ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
RAHILLY, DONALD  
9933 ALLIANCE ROAD  
CINCINNATI OH 45242** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director  
Larkin, Court  
8665 Bay Colony Drive #702  
Naples, FL 34108** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director  
Raley, James, Jr.  
5814 Cinzano Court  
Naples, FL 34119** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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 607, 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: Dennis B. Schroeder 4-8-03 239-596-2600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0636299 AV

CR2E034 (10/02)